

# CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

## CALIFORNIA MEDICAL ASSOCIATION†

KARL L. SCHAUPP, M. D.....President  
LOWELL S. GOIN, M. D.....President-Elect  
E. VINCENT ASKEY, M. D.....Speaker  
PHILIP K. GILMAN, M. D.....Council Chairman  
GEORGE H. KRESS, M. D.....Secretary-Treasurer and Editor  
JOHN HUNTON.....Executive Secretary

### EDITORIAL BOARD

#### *Chairman of the Board:*

Albert J. Scholl, Los Angeles

#### *Executive Committee:*

Lambert B. Coblentz, San Francisco  
Fred D. Heegler, Napa  
Albert J. Scholl, Los Angeles  
George W. Walker, Fresno

#### *Anesthesiology:*

H. R. Hathaway, San Francisco  
Ernest H. Warnock, Los Angeles

#### *Dermatology and Syphilology:*

William H. Goeckerman, Los Angeles  
H. J. Templeton, Oakland

#### *Eye, Ear, Nose and Throat:*

Frederick C. Cordes, San Francisco  
L. G. Hunnicutt, Pasadena  
George W. Walker, Fresno

#### *General Medicine:*

Lambert B. Coblentz, San Francisco  
L. Dale Huffman, Hollywood  
Mast Wolfson, Monterey

#### *General Surgery (including Orthopedics):*

Frederic C. Bost, San Francisco  
Fred D. Heegler, Napa  
William P. Kroger, Los Angeles

#### *Industrial Medicine and Surgery:*

John D. Gillis, Los Angeles  
John E. Kirkpatrick, Shasta Dam

#### *Plastic Surgery:*

William S. Kiskadden, Los Angeles  
George W. Pierce, San Francisco

#### *Neuropsychiatry:*

Olga Bridgman, San Francisco  
John B. Doyle, Los Angeles

#### *Obstetrics and Gynecology:*

Daniel G. Morton, San Francisco  
Donald G. Tollefson, Los Angeles

#### *Pediatrics:*

William W. Belford, San Francisco  
William C. Deamer, San Diego

#### *Pathology and Bacteriology:*

Alvin J. Cox, Jr., San Francisco  
R. J. Pickard, San Diego

#### *Radiology:*

R. R. Newell, San Francisco  
Henry J. Ullmann, Santa Barbara

#### *Urology:*

Lewis Michelson, San Francisco  
Albert J. Scholl, Los Angeles

#### *Pharmacology:*

W. C. Cutting, Menlo Park  
Clinton H. Thienes, Los Angeles

## OFFICIAL NOTICES

### COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

#### Minutes of the Three Hundred and Eleventh (311th) Meeting of the Council of the California Medical Association\*

The meeting was called to order in Room 210 of the Hotel Sir Francis Drake, in San Francisco, at 10:30 a. m., on Saturday, June 19, 1943.

#### 1. Roll Call:

Councilors present: Philip K. Gilman, Chairman; Karl L. Schaupp, Lowell S. Goin, William R. Molony, Sr.; E. Vincent Askey, E. Earl Moody, Dewey R. Powell, Sam J. McClendon, Calvert L. Emmons, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and Secretary George H. Kress.

Councilors absent: Edward B. Dewey (ill), Edwin L. Bruck (out of city), and Donald Cass (excused).

Present by invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; Mr. John Hunton, Executive Secretary; Mr. Hartley F. Peart, Legal Counsel; Mr. George Smith, Associate; Mr. Ben Read, Secretary, California Public Health League; Representatives of the San Diego County Medical Society: (W. H. Geistweit, Jr.; Edward A. Blon-din, and Bryant R. Simpson); Representatives of the So-lano County Medical Society: (Carl A. Snoddy, F. Burton Jones, and Howard R. Madeley); Representatives of the Federal Public Housing Authority: (Mr. Langdon W. Post, Mr. William Reidy, and Mrs. Marion Beers How-den); and Representatives of California Physicians' Ser-vice: T. Henshaw Kelly, and Alson R. Kilgore, members of Board of Trustees, and A. E. Larsen, Secretary).

#### 2. Minutes:

Minutes of the following meetings of the Council were submitted and approved:

(a) Los Angeles Council Meeting (306th) held on Feb-ruary 28, 1943. (Abstract printed in CALIFORNIA AND WESTERN MEDICINE, April, 1943, on pages 236-240.)

(b) Los Angeles Council Meetings (307th, 308th, 309th, and 310th), held on May 1, May 2, May 3, and May 3, re-spectively. (Printed in CALIFORNIA AND WESTERN MEDI-CINE, June, 1943, on pages 366-369.)

#### 3. Membership:

(a) A report of membership as of June 17, 1943, was submitted and placed on file.

(b) On motion duly made and seconded, it was voted that 136 members whose membership had automatically lapsed on April 1, because of nonpayment of dues, but whose dues had been paid since the last Council meeting, held on May 1, 1943, be reinstated.

(c) Upon motion duly made and seconded, Retired Membership was granted to the following member whose application had been received in duly accredited form from his respective county society:

Walter B. Coffey, San Francisco County.

#### 4. Financial:

(a) A report of finances as of June 17, 1943, was sub-mitted and placed on file.

\* Reports referred to in minutes are on file in the head-quarters office of the Association. Minutes as here printed have been abstracted.

† For complete roster of officers, see advertising pages 2, 4, and 6.

(b) Report was made that the notes covering amounts due the California Medical Association from California Physicians' Service had been brought into proper legal form as per House of Delegates resolution (Reference No. 31 on page 357 of June CALIFORNIA AND WESTERN MEDICINE, in minutes of House of Delegates.)\*

(c) On motion duly made and seconded, it was voted that annual dues for the calendar year 1944 be the same as in 1943, namely, twenty dollars.

(d) Physicians' Benevolence Fund:

It was voted that the amendment passed by the House of Delegates on May 3, 1943, allocating \$1.00 per active member as per House of Delegates Resolution (Reference No. 39), became effective on May 3, 1943, and that such allocation should be made for the current calendar year.

It was agreed that the allocation of \$1.00 per active member so made should only apply to those active members whose dues were received through their respective county societies, and should not apply to active members in military service whose dues are covered by allotment from the General Funds of the Association.

Because of the passage of the new amendment, it was voted that the allotment of \$5,000 for benevolence work which had been placed in the budget for 1944, should be eliminated therefrom.

It was agreed that the moneys to be transferred to the Physicians' Benevolence Fund through allocation of \$1.00 per active member per year should be placed to the credit of the Physicians' Benevolence Committee in its operating account. Other funds received through bequest or donation, etc., will be kept in a separate savings account, under the supervision of the nonprofit corporation, "Trustees of the California Medical Association."

#### 5. California Industrial Accident Commission—Fee Schedule:

(a) Report was made by Mr. Peart for the special Committee on Fee Table. Mr. Peart referred to the meetings with the members of the California Industrial Accident Commission and outlined the proposals that had been made.

Attention was called to the fact that the Oregon State Medical Society had an experience somewhat similar to that of California, and was able to convince the Oregon State Industrial Accident Commission of the desirability of authorizing an increase in the fee schedules for medical and surgical services; and that the new schedule of the Oregon State Industrial Accident Commission became effective on June 1, 1943.

(b) Reference was made to a letter dated June 9, 1943, sent by Council Chairman Philip K. Gilman to the Honorable Paul Scharrenberg, Chairman of the State Industrial Accident Commission, in which some of the issues as they appear to the California Medical Association, were indicated. After discussion, the resolution which appears below, in reference to a letter dated May 21, 1943, received from the Honorable Paul Scharrenberg, Chairman of the California State Industrial Accident Commission, was adopted. The Council felt it was important that members of the California Medical Association be acquainted with the matters under consideration.

The following resolution was adopted:

WHEREAS, The Council of the California Medical Association has carefully considered the letter dated May 21, 1943, from Hon. Paul Scharrenberg, Chairman of the Industrial Accident Commission, to the Chairman of the Council and the reply of the Chairman to said letter dated June 9, 1943; and

WHEREAS, In his said letter Chairman Scharrenberg states: "If you could, as chairman of the Council of the California Medical Association, undertake some fundamental and long-range program whereby uniform rates of

medical fees are demanded and adhered to by the medical profession, with the necessary machinery for disciplinary action for infraction, etc., I feel that progress could be made and our objections may be largely overcome"; now, therefore, be it

*Resolved*, That in sending to each member of the California Medical Association a copy of the fee schedule applied for by the California Medical Association, together with a copy of the existing fee schedule in effect since June 1, 1920, there be enclosed an agreement to be signed by the member pledging his observance and compliance with any fee schedule approved by the Commission and requesting him to sign and forward such agreement to the California Medical Association Secretary's office, and that in such communication the attention of each member be directed to the Principles of Ethics relating to industrial practice, and that the Association, through the Council, has represented to the Industrial Accident Commission that any violations of these Principles of Ethics will render the member subject to disciplinary action; and be it further

*Resolved*, That the Council approves everything contained in the letter of June 9, 1943, from the Chairman to Hon. Paul Scharrenberg and hereby makes that letter the action of the Council.

(c) After further consideration of the subject, it was voted that a resolution of appreciation be extended to the Honorable Anthony J. Caminetti concerning investigation he has instituted concerning practices relating to Industrial Compensation Insurance. Resolution in regard to the same follows:

WHEREAS, The California Medical Association has always maintained, and again through its Council meeting at San Francisco, June 19, 1943, affirms; that the primary purpose of the Workmen's Compensation Insurance and Safety Act is the restoration of the injured worker to normal health as nearly and as quickly as possible; that this primary purpose can only be accomplished by furnishing such worker adequate medical care; and that fee splitting and the rebating of fees inevitably lower the standards of such medical service. Such practices have been condemned for many years by this Association; now, therefore, be it

*Resolved*, That the Council of the California Medical Association commends the action of Hon. Anthony J. Caminetti, Insurance Commissioner of California, in making an investigation of compensation insurance and practices pertaining to medical service that have grown up in connection with it, and particularly the alleged exaction by some insurance carriers of rebates from physicians attending injured workmen, and the discounting of physicians' bills for services rendered by them to injured workmen; and be it further

*Resolved*, That this Association furnish the Insurance Commissioner any assistance within its power in such investigation.

Because the fee schedule of the California Industrial Accident Commission applies not only to members of the California Medical Association, but to all licensed physicians, it was voted that an appropriate letter should be sent to nonmember physicians, calling attention to the issues involved.

It was voted that the Special Committee on Industrial Fee Table consisting of Council Chairman Gilman, Legal Counsel Peart, and Executive Secretary Hunton, be continued.

#### 6. Indemnity Insurance Practices:

The subject of indemnities for surgical services as given by certain commercial insurance carriers was discussed. It was emphasized that it is important that physicians should not accept checks from such commercial carriers when the so-called indemnity refunds are for sums less than the standard fees of the community.

It was agreed that a letter should be sent to the county societies, calling attention to these matters.

#### 7. Proposed Federal Children's Bureau Plan of Obstetrical Care for Wives and Infants of Enlisted Men:

Report was made by Councilor Karl L. Schaupp, the chairman of the special committee to consider the proposed plan of obstetrical care of wives and infants of enlisted men, and the procedures to be adopted thereunder in the State of California. This new work would be possible through a grant-in-aid that would be made to the Califor-

\* Reference Nos. refer to the reference numbers printed in italics which appear in the June issue of CALIFORNIA AND WESTERN MEDICINE, in minutes of California Medical Association House of Delegates.

nia State Board of Public Health, acting as an agent for the Federal Children's Bureau (through the federal appropriation of \$1,200,000 for the United States, included in the First Deficiency Appropriation Act of 1943, and approved May 18, 1943).

Doctor Schaupp outlined the information in regard to the same, much of which is covered in the editorial comments which appeared on pages 313 to 317 of the June, 1943, issue of CALIFORNIA AND WESTERN MEDICINE.

After full discussion, upon motion duly made and seconded, a special committee consisting of Doctors Goin, Kneeshaw, and Schaupp, was appointed to draft a resolution incorporating the views of the Council. The resolution as adopted and approved by the Council follows:

*Resolution on Obstetrical Care of Wives and Infants of Enlisted Men as Adopted by the California Medical Association Council on June 19-20, 1943.*

1. The Council of the California Medical Association is, when the House of Delegates is not in session, the governing body of the Association.

2. The California Medical Association Council at its 311th meeting held in San Francisco on June 19-20, 1943, having considered the problem herein discussed, adopts the following:

A. The Council approves, in principle, the objectives for obstetrical care for the wives and the infants of enlisted men as provided in the Federal First Deficiency Appropriation Act of 1943, approved on March 18, 1943.

B. The Council disapproves the method of procedure proposed, wherein the physicians who perform the obstetrical services would be obliged to accept certain fixed fees.

The Council holds:

(a) The patient should be permitted to choose her own physician, because in the long run that procedure will make for a quality of medical service more acceptable to the parties immediately involved, namely, the patient and the physician.

(b) The quality of medical care in different States and their communities depends upon many factors, not the least of which are the actual costs of giving the services involved.

(c) Throughout the Nation, war industry is carried on a cost-plus basis. Members of the medical profession likewise earn their livings through their industry. Physicians, nevertheless, have given hundreds of thousands of dollars to the Government in gratuitous work in Selective Service and other agencies. The maintenance of high standards of medical service is a principle to which physicians are definitely committed.

The establishment of a mandatory fee table under primary control of a nonmedical bureau is a menace to the quality of present- and future-day medical service.

Physicians object to the institution of mandatory and inelastic fees that do not take into proper consideration all factors involved; therefore be it

*Resolved*, That it is the opinion of the California Medical Association that the California State Board of Public Health, when it receives the federal grant-in-aid for this service to wives and infants of enlisted men, should establish an allocation of money to be paid to the patient, who shall use it in making her arrangements with the physician of her choice.

## 8. Committee on Public Policy and Legislation:

(a) The Chairman of the California Medical Association Committee on Public Policy and Legislation, Dr. Dwight H. Murray of Napa, gave a summary of the legislation enacted by the Fifty-fifth California Legislature which convened in January of 1943, and adjourned on May 5, 1943.

The report on the various bills appeared in the June issue of CALIFORNIA AND WESTERN MEDICINE, on pages 372-374.

Mr. Ben Read, Secretary of the California Public Health League, spoke of some of the experiences, with special relation to bills of particular interest to medical practice and public health.

(b) The value of a more active policy in connection with national legislation related to medical practice and public health measures was also considered. It was felt that it would redound to the best interests of the public health if the American Medical Association would devise a plan whereby constituent state medical associations would

be kept in better touch with pertinent federal legislation, so that the State Medical Associations would in turn be able to communicate with their component county societies and their members, and enlist more active cooperation for measures designed to maintain high standards of medical practice.

## 9. California Physicians' Service:

A discussion of medical service problems with special reference to the activities of California Physicians' Service in the Federal Housing Projects coming under the jurisdiction of the Federal Housing Authority became the subject of discussion at the postluncheon meeting of Saturday afternoon.

For initial reference concerning the matters that were discussed and the issues submitted to the Council, see minutes of the House of Delegates which appear in the June, 1943, issue of CALIFORNIA AND WESTERN MEDICINE (Reference No. 15 on page 351, and Reference No. 49 on page 363).

The discussion was participated in by representatives of the San Diego County Medical Society (Doctors W. H. Geistweit, Jr., Secretary; Edward A. Blondin, and Bryant R. Simpson); the Solano County Medical Society (Doctors Carl A. Snoddy, F. Burton Jones, and Howard R. Madeley); the Federal Housing Authority (Mr. Langdon W. Post, Regional Director; Mr. William Reidy, and Mrs. Marion Beers Howden); and California Physicians' Service (Doctors A. E. Larsen, Secretary; T. Henshaw Kelly and Alson R. Kilgore, members of the Board of Directors).

The presentation of issues involved was made by the representatives in the above sequences:

*San Diego County.*—For San Diego County, Doctor Geistweit outlined some of the conditions in San Diego Housing Projects which led to differences of opinion and misunderstanding between members of the San Diego County Medical Society and California Physicians' Service.

It was stated the housing projects had become restricted zones and that it was impossible for physicians other than the employees of California Physicians' Service to secure residence or office facilities in the housing project areas; also that about 55 per cent of the persons living in the Linda Vista Project were not covered by California Physicians' Service. He stated that it was, therefore, difficult, particularly in connection with this work, for physicians in private practice outside the area to carry on their work advantageously. Reference was made to the screening process which had been instituted in the San Diego projects whereby patients with serious illnesses would be referred to other physicians in San Diego, and the difficulties in connection therewith were pointed out.

The above and other points were brought out in the discussion by Doctors Simpson and Blondin. Doctor Blondin stated that information received by the San Diego County Medical Society through a questionnaire sent to state and county societies in other sections of the United States where housing projects exist, indicates that no such sharp limitation of who and what physicians shall practice in housing project areas is in operation in other portions of the country.

The incomes of residents in housing projects were also mentioned, one family having a monthly income of \$700 and yet coming under the California Physicians' Service coverage.

The distance of the housing projects from the city, with the dim-outs in operation, made it difficult for doctors in practice in San Diego to answer emergency calls, especially at night, because there had been no opportunity to become acquainted with the street and house locations.

The manner in which the residents of housing projects had signed up for coverage was also discussed.

Queries and comments were put by members of the Council in efforts to secure more detailed information and to clarify some of the issues which had been brought out. It was emphasized that in all these matters, it was necessary to have an approach that would take into proper consideration, State, rather than purely local problem situations.

*Solano County.*—For the Solano County Medical Society, Dr. Carl A. Snoddy made the initial presentation, informing the Council that since the onset of the war, the population of Vallejo has trebled and was still increasing. Doctor Snoddy recalled the meeting with members of the California Medical Association Executive Committee at which a policy was approved whereby California Physicians' Service should maintain contact relations with the Solano County Medical Society in any changes of plan, or in the institution of any new housing project work.

Doctor Madeley of Vallejo took up the discussion and presented a report in which were outlined some of the problems which the Solano County Medical Society felt should be properly solved. (This report is on file in the California Medical Association office.)

*Federal Housing Authority.*—For the Federal Housing Authority, Mr. Langdon W. Post, Regional Director, outlined the efforts of that organization to provide adequate medical service for persons who are given residence facilities in housing project areas. Mr. Post stated that no compulsion is used concerning medical service, but that the medical service items are mentioned just as are rent for shelter, and utilities.

Some of the problems in connection with the Carquinez Heights Project were referred to. The importance of adequate medical care as part of the joint war effort was emphasized. Mention was made of the new projects that are impending, which may come into existence almost over night.

The menace of epidemics which might seriously interfere with the war effort was brought out. Mr. Post complimented California Physicians' Service on the excellent work it had carried on and said he doubted whether any plan could be brought forward that would not make for some inconvenience and hurt to certain groups. He stated that as far as the District Housing Authority is concerned, the administrators are obliged to provide adequate medical care for persons in their respective areas. Mr. Post said the problems which have arisen in California in connection with housing projects are of greater scope and more difficult of solution than had come into being in any other State in the Union. He acknowledged that at times and in some places the paper plans were not working out as efficiently as could be desired.

In answer to a query by Doctor Cline on what would happen if California Physicians' Service moved out of the San Diego project, Mr. Post replied that he would be obliged to turn to the United States Public Health Service for aid. Councilor Kneeshaw asked what assurance he had that Public Health Service would be able to give much better service, and he replied that he did not know whether it could.

Councilor McClendon called attention to the fact that there seemed to be much fret over the 50 per cent of residents who are covered by California Physicians' Service, but seemingly little attention was being given to the 50 per cent of housing area residents who did not come under such coverage.

Councilor Goin put the question as to why it should not be permissible for private practitioners to also practice in the housing project areas. Councilor McClendon called attention to the fact that the ruling laid down in California is seemingly limited to this State, namely, that only certain physicians shall be permitted to practice in particular housing project areas.

Mr. William Reidy of the Federal Housing Authority supplemented the remarks by Mr. Post, calling attention

again to the rapid increase of population in some of these units. It is possible that some of the misunderstandings arose because of improper presentation at the very outset by the sales representatives, when applicants for houses in the projects applied for residence allocations.

Councilor Green called attention to the fact that representatives of California Physicians' Service had failed to maintain contacts with the county societies before engaging in modifications or new work, and that such action was not in accord with the initial agreements between the county societies and California Physicians' Service.

The question of cost of adequate medical coverage for a family came up, and statements were made that it was hoped that the charges therefor could be increased to cover actual cost of the service.

Mr. Reidy stated that the rent schedule could not be raised, but that the medical service schedule could be changed and the applicants for housing so informed.

Motion was made and unanimously carried that the representatives of the Federal Housing Authority be thanked for the presentation they had made concerning the problems confronting that agency.

*California Physicians' Service.*—Through its representatives, California Physicians' Service presented some of the difficulties that had been encountered in the effort to provide adequate medical coverage for residents of housing areas.

Reference was made to the early experiences of California Physicians' Service in attempting to provide "full coverage," and later, the "two visit deductible coverage." It was felt that some of the unrest existing today among physicians has resulted from the fact that the unit values for professional services, authorized four years ago, have not been brought up to the 100 per cent level.

California Physicians' Service, in its experience with the Farm Security Administration, has found that the Government is willing to act in proper cooperation, and on the basis of that governmental experience, California Physicians' Service agreed to take up the housing project work in the Linda Vista Project in San Diego County, and in the Vallejo Project in Solano County.

Doctor Kelly stated that on June 18, the Trustees of California Physicians' Service had put in an entire day in discussion of these various problems. Also, that the experiments which were being carried on in California were now being watched by interested groups throughout the United States.

Dr. Alson R. Kilgore followed Doctor Kelly, outlining other problems which had confronted the Trustees of California Physicians' Service. He called attention to impending changes in medical practice in general, as evidenced by Federal and other legislation and endeavors. He felt that it was important that the medical profession should give full cooperation to California Physicians' Service.

Council Chairman Gilman read a letter from Dr. Harold A. Fletcher, the Chairman of the California Committee on Procurement and Assignment, emphasizing the value of coordination in all this work.

Dr. A. E. Larsen, secretary of the California Physicians' Service, also spoke, saying that full coordination was a very difficult problem in these proceedings. He outlined the administrative structure of California Physicians' Service and pointed out how, in its endeavors to carry on its work in housing projects, some of the experiments necessarily had to be on the basis of trial and error. California Physicians' Service was making efforts to improve public relations and to create better understanding with both the Housing Authority and with the tenants.

He spoke also of the difficulties of working with committees whose members often failed to gather when it was necessary to discuss and endeavor to solve problems.

General discussion followed, after which the Council recessed to take up further consideration of the above and related problems on the next day, Sunday, June 20.

# 10. Survey of California Medical Service and Hospitalization Organizations—Report of Mr. John R. Mannix, Detroit:

The survey of California medical service and hospitalization organizations referred to under Item 10 of the Council minutes of the 306th meeting, held on February 28, 1943, (CALIFORNIA AND WESTERN MEDICINE, April, 1943, page 239)—came up for consideration when a report by Mr. John R. Mannix, Director of the Michigan Hospital Service, Detroit, Michigan, was submitted. His report, "Voluntary Health Plans in California," was based on a survey made by him during the months of April and May, 1943, during which period he was in residence in California (upon invitation and contract with the California Medical Association).

Copies of the survey report having previously been sent to members of the Council, its members proceeded to consider the same.

After discussion, it was voted that the first 19½ pages, down to the subsection on "Recommendations" be received and placed on file.

Succeeding paragraphs were then considered in turn, the Council making the following changes:

Page 20.—Under item 1, the words "and the American Medical Association" were added, making that particular sentence read:

"It should be developed in accordance with the approval standards adopted by the American Hospital Association and the American Medical Association."

Page 21.—Under item 2, the words "by their duly constituted representatives" and "in active practice" were inserted, making that particular sentence read:

"It is recommended that coordination at the trustee level be obtained by election to the medical plan board by participating hospitals in the statewide plan of a number of trustees to be later agreed upon, and further, that there be elected by participating physicians, *by their duly constituted representatives* in California Physicians' Service, an equivalent number of physicians in active practice, to serve on the hospital plan board."

Again on the same page, the words "who shall be physicians in active practice" were inserted, making that particular sentence read:

"It is proposed that there be an executive committee made up of an equal number of representatives from California Physicians' Service, *who shall be physicians in active practice*, and the Hospital Service Plan Board; this executive committee to be responsible for the operation of both corporations."

Page 22.—On this page, the word "executives" was added, making that sentence read:

"This executive should be an individual who would have the confidence of the medical profession and hospital *executives*, and who has an understanding and sympathetic interest in private practice of medicine and the voluntary hospital system."

At the bottom of page 22, and carrying over to page 23, deletions were made in the last sentence, commencing "This arrangement would seem to meet all the objections," etc., and ending with the words "prepayment plans," and the succeeding sentence, ending with the words "on a prepayment basis" in the first paragraph on page 23.

The portions deleted follow:

"This arrangement would seem to meet all the objections which radiologists, pathologists and anaesthesiologists have raised, regarding the inclusion of services of these specialists in prepayment plans. These groups believe that such services should be offered by the medical plan rather than by the hospital plan. On the other hand, the public in many cases wishes to avail themselves of the services of these three specialists on a prepayment basis even though they may not in the first instance be ready to provide for other medical services on a prepayment basis."

On page 23, additional words were inserted as follows: "certain medical services," and "service," "limited," and "contract," making the last sentence of first paragraph on page 23, read as follows:

"This would permit the offering to the public of a contract for hospital service, as well as an additional contract for certain medical services."

and again:

"5. It is proposed that there should be a detailed actuarial study of the medical *service* plan and the *limited* surgical *contract* with the thought of offering services as comprehensive as possible at a subscriber's rate which will be attractive and which at the same time will assure the profession an adequate fee for its services."

In the discussion which followed, Council Chairman Gilman read a letter, dated June 12, from Anthony J. J. Rourke, M. D., requesting copies of the decision of the Council in relation to the report by Mr. Mannix, in order that the same might be presented at a meeting of the Association of California Hospitals Board to be held on June 26. It was so agreed.

After further discussion, on motion duly made and seconded, it was voted that the report of Mr. Mannix as submitted and as amended, be adopted as a whole.

It was agreed that copies of the Mannix Survey Report as amended should be sent to all interested groups and parties for their confidential consideration.

The liaison committee, consisting of Councilors Cline, MacDonald, and Dewey, was continued.

General discussion followed and was participated in by Doctors Cline, MacDonald, Schaupp, and Kindall, and other Councilors. Doctor Kindall spoke with particular reference to the problems which had arisen in Alameda County, pointing out some of the procedures which had caused confusion and opposition in Alameda County.

Doctor MacDonald spoke of somewhat similar conditions which had come to the front in Sacramento County.

It was agreed that it was extremely important that action should be taken at the earliest possible moment to prevent further misunderstandings by the medical service and hospitalization groups.

Other matters pertaining to personnel of the various medical service and hospitalization boards also received informal comment.

The policy which seems to exist in California whereby residence and office facilities are denied private physicians who are not officially connected with California Physicians' Service, again became the subject of discussion, and it was agreed that an effort should be made to secure the consent of the local Housing Authorities in the respective districts, so that a more liberal policy might be instituted, through which physicians in private practice would be in position to render medical care for those residents of housing project areas who are not covered by California Physicians' Service contracts.

It was also agreed that efforts should be made to bring about a better understanding between California Physicians' Service and the San Diego and Solano County Medical Societies.

On motion duly made and seconded, it was voted that the Council request California Physicians' Service and the three hospitalization groups in California (Hospital Service of California, Hospital Service of Southern California, and Intercoast Hospitalization Insurance Association), to refrain from carrying on active selling campaigns for any kind of contracts, until a merger or decision thereon as outlined in the Mannix report is brought into being. This, however, *not* to interfere with contracts previously made; and particularly not to interfere with agreements previously made with governmental authorities.

It was agreed that over the name of the medical service-hospitalization liaison committee, of which Doctor Cline is chairman, a letter should be written to the Solano and San

Diego County Medical Societies informing them of the various actions taken and to express the hope that a betterment of the issues under discussion may be brought into being, satisfactory to all concerned.

# **11. California Medical Association House of Delegates—Instructions Therefrom:**

## **(A) Committee on Scientific Work:**

(a) *Annual Session in 1944.*—The Committee on Scientific Work through its chairman, Doctor Kress, presented a supplementary report. Upon motion duly made and seconded, it was voted that the California Medical Association hold an annual meeting in 1944 along the same lines as 1943, namely, a two-day session to be held on some Saturday and Sunday, provided war exigencies do not interfere. The time and place of such annual meeting, if held, to be left for future consideration by the Council.

(b) It was agreed that it was desirable to bring California physicians who are acting as health officers in closer affiliation with their fellow practitioners in private practice. The Committee on Scientific Work was given permission to provide a *separate public health program* in case an annual session is held in 1944. (Reference Nos. 26-44, June CALIFORNIA AND WESTERN MEDICINE, on page 356.)

(c) Approval was also given to the suggestion of Reference Committee No. 1 (Reference No. 27) to feature a "round-table discussion on practical points and of methods and procedures found useful by men in general practice."

## **(B) Public Relations Publicity Committee:**

In accordance with Reference No. 32 (page 357) in the minutes of the House of Delegates, the Chairman of the Council was authorized to appoint a subcommittee of its own members to be called the Public Relations Publicity Committee, said committee to coöperate and advise with the Secretary of the Association and the Executive Secretary for the purpose of carrying on a consistent campaign in behalf of the best interests of the medical profession and general public health."

The committee appointed for this purpose consists of: R. Stanley Kneeshaw, San Jose, Chairman; E. Vincent Askey, Los Angeles, and Edwin L. Bruck, San Francisco.

## **(C) Annual Conference of County Society Secretaries and State Association Officers and Committeemen:**

In reference to House of Delegates Item (Reference No. 33, on page 358), it was agreed that as per the recommendation made by the House of Delegates concerning meetings of County Society Secretaries and Officers and Committeemen of the California Medical Association, such meetings should be "subject to the exigencies of war." Decision concerning such meeting or meetings will be made by the Council at a subsequent meeting.

## **(D) Councilor Districts:**

The House of Delegates Item (Reference No. 36 on page 359) concerning areas involved in Councilor Districts was considered and it was agreed that in as much as the House of Delegates had made no change, the arrangement as at present existing should be maintained. (Constitution, Article IV, Section 9.)

## **(E) Physicians' Benevolence Committee:**

(a) Concerning the recommendations included in the resolution submitted to the House of Delegates (Reference No. 6 on page 349), it was agreed that the Physicians' Benevolence Committee must decide amounts to be paid to individual physicians who may be deemed worthy of aid. It was felt, however, that the needs of members or of former members of the California Medical Association should receive prior consideration to the needs of physicians who have never been members of the California Medical Association. Further, in cases where such conditions arise, a courteous letter of inquiry should be sent by the Physicians' Benevolence Committee to the State Association and

to the County Medical Society of which nonmember physicians in need might formerly have been members, calling attention to the nonmember physicians' circumstances.

(b) Regarding the Physicians' Benevolence Fund, as provided through the California Medical Association Constitutional amendment (Article XI, Section 1), adopted by the House of Delegates on May 3, 1943 (Reference No. 39 on page 359), it was agreed concerning the \$1.00 allocation received each year from active members whose dues had been forwarded by component county societies, that the current or operating expense of the Physicians' Benevolence Committee should be limited to the money so received which would be held in a separate account of the California Medical Association; it being provided that all other moneys received through bequest, donation, or otherwise, should be maintained in a separate savings account under the jurisdiction of the "Trustees of the California Medical Association."

## **(F) Postwar Plans of Medical Service and Social Security:**

In accordance with the item in the minutes of the House of Delegates (Reference No. 42, on page 360), the Council authorized the Council Chairman to appoint a special committee to study postwar problems and bring in a report thereon to the Council for further consideration.

The committee appointed for this purpose consists of: Dewey R. Powell, Stockton, Chairman; Donald Cass, Los Angeles; and John W. Green, Vallejo.

## **(G) Revision of the American Medical Association Principles of Medical Ethics in Relation to Postwar Problems:**

The House of Delegates action (Reference No. 45, on page 362), calling for consideration by the Council of the desirability of making certain changes in the Code of Ethics of the American Medical Association was discussed. It was agreed that the Council Chairman should appoint a committee to make a study and bring in a report to the Council, so that it may be determined whether recommendations should be made thereon to the California Medical Association delegates who will attend the meeting of the House of Delegates of the American Medical Association in 1944.

The committee appointed for this purpose consists of: Lowell S. Goin, Los Angeles, Chairman; John W. Cline, San Francisco; and William R. Molony, Sr., Los Angeles.

## **(H) Appointment of Special Committees of Senior Physicians, etc.:**

The needs of medical personnel for the Army and Navy, with special relation to the quota still to be filled by the State of California, was discussed. Reference was made to the letter of June 7, received from the Directing Board of the Federal Procurement and Assignment Service in which it was stated that it would be necessary as of May 15, 1943, for California to supply 535 additional physicians for the armed forces in order to fill its quota in relation to other States in the Union.

The Council voted to recommend to component county societies which have not filled their respective quotas, the advisability of appointing committees of senior physicians to coöperate with their local Committees on War Participation, in the manner outlined in the resolution considered by the California Medical Association House of Delegates (Reference Nos. 11 and 46, on pages 350 and 362).

## **(I) Concerning Postgraduate Courses for Military Members:**

The subject was considered by the House of Delegates (Reference No. 4 and No. 40, on pages 349 and 359). As suggested by the House of Delegates, it was agreed that the Council Chairman should appoint a committee as outlined in Reference No. 4 to make a study and report thereon to the Council.



The committee appointed for this purpose consists of: Calvert L. Emmons, Ontario, Chairman; Harry E. Henderson, Santa Barbara; Lloyd E. Kindall, Oakland; and ex officio (from the California Medical Association Post-graduate Committee, its chairman and secretary) R. E. Clough, San Bernardino, and George H. Kress, San Francisco.

## 12. Miscellaneous and New Business:

### (a) *Conference with State Bar Association—Delinquency Problems:*

A letter, dated June 8, from Thomas Parran, Surgeon General of the United States Public Health Service, requested the coöperation of the California Medical Association with the California State Bar Association concerning prostitution and delinquency problems. It was agreed that a letter should be sent to the President of the California Bar Association, Frank B. Belcher, Esq., Security Building, Los Angeles, California, offering such coöperation.

### (b) *Loss of Equipment at Del Monte:*

Attention was called to the fact that the Association had in storage at the Hotel Del Monte equipment to the value of \$800 to \$1,000, and that after the United States Navy took possession of the hotel, the property seemingly disappeared. The legal counsel was instructed to send proper communications to the Hotel Del Monte authorities and to the United States Navy, to make the loss a matter of record and to inquire on what could be done in the premises.

### (c) *Approval of Resolutions of Pacific States Medical Executives' Conference:*

Report was made by Captain Gilman, who presided at the meeting of the Pacific States Medical Executives' Conference, concerning actions taken by that organization at its meeting held in Portland on May 29 and 30.

It was agreed that the resolutions adopted by the organization receive the approval of the California Medical Association. (For resolutions, see June issue of CALIFORNIA AND WESTERN MEDICINE, pages 375-376.)

### (d) *Interim Committee Appointments:*

Interim appointments made by the Council Chairman to various committees were approved.

### (e) *Osteopathic Practice Act:*

Councilor Henry S. Rogers, who was one of the California Medical Association delegates at the meeting of the House of Delegates of the American Medical Association, held in Chicago on June 7-10, 1943, reported that he had been present at a meeting of the American Medical Association Council on Medical Education, and that he had taken occasion to inform those committeemen concerning the correspondence that had gone forward a year or so ago to the American Medical Association Council on Medical Education and the Association of American Medical Colleges, concerning the Osteopathic Practice Act in California, and related matters. Doctor Rogers stated that the members of the American Medical Association Council on Medical Education were in a receptive mood to learn further of the effort made last year by the California Medical Association concerning steps proposed by some of the osteopathic group, whereby the Osteopathic Practice Act initiative would be submitted to the electorate, thus permitting such members of the osteopathic group to consider completion of their healing arts education, in line with the curriculum standards set by the two national medical organizations.

It was agreed that a letter should be written to the deans of the four medical schools in California suggesting that the matter be reopened through correspondence with the Council on Medical Education of the American Medical Association, and the Association of American Medical Colleges.

### (f) *Report on the Meeting of the American Medical Association House of Delegates:*

Report was made by Councilors William R. Molony and Lowell S. Goin on the meeting of the American Medical Association House of Delegates held in Chicago June 7-10, 1943.

Report of this meeting appears in the *Journal of the American Medical Association*, June 19, 1943, page 517, and June 26, 1943, page 612.

### (g) *Salary of Executive Secretary:*

In executive session of the Council, it was voted that the salary of Executive Secretary Hunton be increased by \$700 per year, making his salary \$7,600 per year.

### (h) *Agricultural Workers Health and Medical Association:*

Report was made by Doctor Schaupp concerning the letters sent to congressmen urging appropriation for the work of the Agricultural Workers Health and Medical Association. It was voted that the Council go on record as opposing contracts by county hospitals located in California, with federal or other agencies, through which care would be provided for nonindigent persons, except in cases of compelling urgency.

### (i) *Conference Committee—Hospitals, Nurse and Medical Societies:*

It was agreed that a special committee be appointed to confer with the Association of California Hospitals, the State Nurses' Association and other interested groups, concerning ways and means through which a betterment of controversial issues might be brought about.

## 13. Date of Next Meeting:

It was agreed that the next meeting should be held in San Francisco on Sunday, August 22, but if a two-day meeting should become necessary, it would be held on Saturday and Sunday, August 21-22.

## 14. Adjournment:

Upon motion duly made and seconded, it was voted to adjourn.

PHILIP K. GILMAN, *Chairman*.  
GEORGE H. KRESS, *Secretary*.

## OFFICIAL NOTICE

**Proposed Amendment to Article IV, Section 1 (c) of the Constitution of the California Medical Association. (See June, 1943, "California and Western Medicine," Reference No. 5, on page 349.)**

Section 1 (c) of Article IV of the Constitution of the California Medical Association is hereby amended by adding, immediately after the first paragraph contained in said Section 1 (c) a full new paragraph:

*If an application for retired membership is submitted by a component medical society within the calendar year immediately succeeding the last calendar year in which the recommended applicant was an active member in good standing, the Council shall have authority to act on such application as though it had been submitted in the preceding calendar year during which active membership existed.*

So that the said Section 1 (c) of Article IV will, therefore, read:

### (c) Retired Members

**Qualifications.**—Retired members of the California Medical Association shall be elected by the Council on the recommendation of any component county society from those active members thereof who cease the practice of medicine for reasons satisfactory to such component county society and the Council, and who shall have been active members of the Association for ten years or more prior thereto.

If an application for retired membership is submitted by a component medical society within the calendar year immediately succeeding the last calendar year in which the recommended applicant was an active member in good standing, the Council shall have authority to act on such application as though it had been submitted in the preceding calendar year during which active membership existed.

# CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

## On Procurement of Adequate Medical Personnel for the Armed Forces\*

(EDITOR'S NOTE—Copy of a Directive (Form 258 of June 5, 1943) from Federal War Manpower Commission. Directive implies an important change of procedure regarding voluntary enlistments, to apply to all physicians under age of 45. The Directing Board of the Procurement and Assignment Service is under the chairmanship of Dr. Frank H. Lahey of Boston.)

\* \* \*

(COPY)

June 7, 1943.

To: State Chairman for Physicians (States with quotas).

FROM: Directing Board, Procurement and Assignment Service.

SUBJECT: Change in Recruitment Procedures.

Although State Chairmen have declared considerable numbers of physicians available for military duty, many of these men have not seen fit to apply for commissions. Recruitment methods which have been used in the past have not produced the number of physicians who can be spared from the civilian population for service as medical officers nor have they produced the number urgently needed by the armed forces.

In view of these facts, a new recruitment procedure has been agreed upon by the Procurement and Assignment Service and the Army and Navy which will supplement the methods now being used by this Service. Under this new procedure, representatives of the Officer Procurement Service and the Office of Naval Officer Procurement in your State will interview men, whom you have declared available, in order to persuade them to apply for commissions.

\* \* \*

You are, therefore, requested to list by name and address all physicians under 45 years of age in the following three categories who are available or who can be declared available:

1 1 1

(1) Physicians who have indicated choice of military service by sending you Form No. 174. "Preference for Service," but who have failed to apply for commission.

(Copies of these lists are to be turned over immediately to (Name)

\_\_\_\_\_, Officer Procurement Service—  
(Address) (Name)

\_\_\_\_\_ or to \_\_\_\_\_,  
(Address)

District Office of Naval Officer Procurement, \_\_\_\_\_

\_\_\_\_\_. A third copy is to be sent to the Central Office of Procurement and Assignment Service.)

1 1 1

(2) Physicians who have been sent letters of invitation but who have never indicated choice of service.

(As soon as this list has been prepared, you are requested (Name)

to confer with \_\_\_\_\_, Officer Procurement Service and \_\_\_\_\_, District Office of Naval Officer Procurement for the purpose of distributing names to both the Army and Navy on a fair basis. The ratio of relative strength of the Army and Navy which is 8:3 will probably be the basis for distributing names.)

(3) Physicians who will be declared available by you for the remainder of the year and to whom letters of invitation have not yet been sent.

(This entire list should be sent immediately to the Central Office so that letters of invitation may be mailed out. After you have sent this list to the Central Office, you should call in the Army and Navy representatives in order to arrange for a distribution of names according to the 8:3 ratio.)

\* \* \*

Clearances must be given to the Army and Navy for men in all three groups described above. Presumably you have already supplied availability clearances on group (1) to the Army and Navy, but it may be necessary to fill out new availability clearances. You have already forwarded professional clearance forms on group (1).

For group (2) you should have in your files availability and professional clearance forms received from us at the time the invitations were issued. Nevertheless, a supply of clearance forms is being sent you for this purpose.

For group (3) the Central Office will prepare clearance forms, forwarding them to you for each name you submit at the time invitations are issued.

\* \* \*

At regular intervals, the Army and the Navy will return to you the names of men who have not accepted commissions. You will submit these names to the State Director of Selective Service, asking that consideration be given to draft reclassification. A copy of your letter to the State Director of Selective Service, together with the names of men whose reclassification you have requested, should be sent to the Central Office so that the information may be transmitted to National Headquarters, Selective Service System.

\* \* \*

In addition to the three categories of physicians described above, you will soon receive lists of interns and residents who, according to their hospital superintendents, will be available and who have not yet been commissioned. You should check these lists carefully in order to make a final determination of the status of each individual. After this has been done, you should call another conference with the procurement representatives of the Army and the Navy in order to distribute the names fairly on the basis of the 8:3 strength ratio. You should also prepare clearance forms on each individual whose name is turned over to the Army or the Navy.

Within a short time, you will receive another memorandum regarding the classification of all remaining physicians in your State according to the class numbers of the Procurement and Assignment Service Classification Card. If you have not already done so, your classification cards should be brought up to date as soon as possible.

From: Directing Board, Procurement and Assignment Service.

\* \* \*

### States With Quotas [Unfilled]

#### Reference Paragraph 3, Form 258

Number of physicians to be made available according to Procurement and Assignment estimate as of May 15, 1943:

CALIFORNIA .....	535	Nebraska .....	61
Colorado .....	11	Nevada .....	5
Connecticut .....	206	New Hampshire .....	27
District of Columbia.....	55	New Jersey .....	144
Illinois .....	420	New York .....	1500
Iowa .....	44	Ohio .....	300
Maryland .....	76	Oregon .....	0
Massachusetts .....	300	Pennsylvania .....	640
Minnesota .....	205	Rhode Island .....	60
Missouri .....	353	Vermont .....	2

Wisconsin, 30

\* For editorial comment see page 2.



**On Change in Recruitment Procedures.  
Re: Civilian Practice.**

OFFICE FOR EMERGENCY MANAGEMENT  
WAR MANPOWER COMMISSION

Washington 25, D. C., June 5, 1943.

Procurement and Assignment Service for  
Physicians, Dentists and Veterinarians

To: *State Chairmen for Physicians* (States without  
quotas).

FROM: *Directing Board, Procurement and Assignment  
Service.*

SUBJECT: *Change in Recruitment Procedures.*

Although your State has not been assigned a quota for  
this year, you have informed the Central Office that .....  
physicians are not essential in the localities where they are  
now practicing.

*In your State, there are localities where physicians are  
needed.* Will you communicate with the physicians whom  
you have declared to be available and request them to re-  
locate in areas of medical need. If, after two weeks, these  
physicians do not comply with your request, you should send  
a list of their names and addresses to the Central Office.  
The Central Office will prepare letters asking them to apply  
for commissions.

As soon as you receive clearance forms on these physi-  
cians, lists of their names should be given to the Officer  
Procurement Service and the District Office of Naval Of-  
ficer Procurement. You should call in the Army representa-  
tive of the Officer Procurement Service, .....  
....., and the Navy representative of the District  
Office of Naval Officer Procurement, .....  
as soon as your lists are ready so that they may both begin  
contacting these available physicians immediately. The lists  
will include those who have indicated preference, as well  
as those who have not returned their cards. In case of  
preference, they can be referred to the proper branch, and  
those who have not returned their cards can be turned over  
to both branches, distributing them on the ratio of 8:3  
(Army to Navy). Copies of these lists should also be sent  
to the Central Office. In addition, you should send to the  
Central Office the names of physicians who have relocated  
as a result of your efforts. You should begin this work at  
once, making sure that all efforts to relocate available physi-  
cians have failed before their names are turned over to  
the representatives of the armed forces.

DIRECTING BOARD,

*Procurement and Assignment Service.*

(COPY)

**States Without Quotas [Quotas Filled]**

Alabama	Montana
Arizona	New Mexico
Arkansas	North Carolina
Delaware	North Dakota
Florida	Oklahoma
Georgia	South Carolina
Idaho	South Dakota
Indiana	Tennessee
Kansas	Texas
Kentucky	Utah
Louisiana	Virginia
Maine	Washington
Michigan	West Virginia
Mississippi	Wyoming

"We Americans can not successfully maintain even our  
domestic freedom here, unless we help to restore freedom  
in every land where it has been threatened or wiped out.  
That is not an academic question: it is a question of life  
and death for all that humanity holds dear. And as such,  
it is an immediate summons to action."—Lewis Mumford.

**FEDERAL CHILDREN'S BUREAU PLAN\***

RE: MATERNITY AND PEDIATRIC CARE FOR  
WIVES AND INFANTS OF ENLISTED MEN

**ITEM I**

**Letter to Los Angeles Subcommittee Concerning Cali-  
fornia Fee Schedules:**

(COPY)

CALIFORNIA MEDICAL ASSOCIATION

San Francisco, May 24, 1943.

Attention:

Donald G. Tollefson, M. D., Chairman  
Los Angeles Subcommittee  
Los Angeles, California

Dear Doctor Tollefson:

On Saturday last, with Chairman of the California Med-  
ical Association Committee, Dr. Karl L. Schaupp, I at-  
tended a meeting in the office of the California State Board  
of Public Health. Dr. Jessica Bierman of the State Board  
of Health, in Los Angeles will take up the discussion with  
your subcommittee tomorrow (Tuesday, May 25).

Dr. Edward Daily, of the Federal Children's Bureau,  
when he was with the Northern Committee made the state-  
ment that they had worked out the prospective scale of  
prices on the basis of some 300 fee tables supplied by the  
American Medical Association, and in no instance did a  
single fee table list a charge of more than \$35 for a simple  
confinement.

I told them I could not understand that, because I knew  
the fee tables in Los Angeles were higher. . . .

In the meantime, for your information, I have found fee  
tables, with years adopted, in our own files, for the follow-  
ing societies:

*Sonoma County:* Ordinary labor, \$50 to \$75; difficult la-  
bor, requiring instrumental interference, \$75 to \$150. Year  
1928.

*San Luis Obispo County:* Confinement cases, \$50 up.  
Year 1932.

*San Mateo County:* Uncomplicated labor, \$50 and up;  
abnormal presentation, \$25 extra; instrumental delivery,  
\$25 extra. Year 1925.

*San Joaquin County:* Ordinary obstetric cases, \$50; in-  
strumental, \$75 to \$100. Year 1919.

*Orange County:* Uncomplicated labor, \$35 to \$75; abnor-  
mal presentation, \$25 extra; version, \$25 to \$50 extra; in-  
strumental delivery, \$10 to \$25 extra; Caesarean section,  
\$150 to \$500. Year 1933.

The above may be of use to you in case the matter comes  
up for discussion.

Cordially yours,

GEORGE H. KRESS, M. D.,  
Secretary.

✓ ✓ ✓

**ITEM II**

**Letter to American Medical Association Secretary  
West Regarding Obstetric Fee Schedules:**

(COPY)

CALIFORNIA MEDICAL ASSOCIATION

San Francisco, June 1, 1943.

Olin West, M. D., Secretary  
American Medical Association  
Chicago, Illinois

Dear Doctor West:

On Saturday, May 22, 1943, a meeting was held in the  
office of the California State Board of Health in San Fran-  
cisco, at which Doctor Daily of the Children's Bureau was  
present. The subject of discussion was the proposed work  
outlined by the Federal Children's Bureau having to do  
with maternity and infant care for wives and infants of  
men in the Armed Forces.

You have, no doubt, seen the six-page folder put out by

\* For editorial comment see page 1.

the Children's Bureau, in which the proposed plan is outlined.

As we understand it, the federal representatives are contacting the state health boards to whom the payments of grants-in-aid will be made, in order to secure coöperation between the state health boards and the state medical societies.

At our San Francisco meeting we were very much surprised to have Doctor Daily inform us that, prior to working out presumable fee schedules, they had secured from the American Medical Association the fee tables our National Organization had in its files, and that in some 300 fee tables that had been passed over, not one had an allocation for confinement work in excess of \$35. I told Doctor Daily that I knew that in California heavier fees than that had been in operation for years.

I enclose a copy of a letter dated May 24, which was written to Doctor Tollefson, of our Los Angeles Committee, and which gives information along this line. . . .

May I ask you to check and inform us concerning the supposed 300 fee tables that were given to the Children's Bureau, with particular reference to the item mentioned above?

In a plan that will have the wide ramifications of the proposed maternity and infant care for wives and children of the men in the Armed Forces, it is important that the Federal Children's Bureau be supplied with the latest, and not antique information.

With all good wishes,

Cordially yours,

GEORGE H. KRESS, M. D.,  
Secretary.

✓ ✓ ✓

#### ITEM III

#### Letter from American Medical Association Secretary West Regarding Their Files on Obstetric Fee Schedules:

(COPY)

AMERICAN MEDICAL ASSOCIATION

535 North Dearborn Street,

Chicago, June 3, 1943.

Dr. George H. Kress

Secretary, California Medical Association

450 Sutter, San Francisco, California

Dear Doctor Kress:

Your letter of June 1 was received this morning.

Immediately after reading your letter, I conferred with Doctor Leland, who knew of no fee schedule that had been supplied to any one connected with the Children's Bureau. Some time ago the Bureau of Medical Economics collected available information concerning fee schedules and compiled this information, the compilation including some 600 items. This material has never been published and Doctor Leland informs me that it has been unavailable for use by others.

In so far as we have been able to discover, the only material that has been sent by any one connected with the Bureau of Medical Economics pertaining to medical fees for obstetric services is a copy of an article that appeared in the Organization Section of The Journal of the American Medical Association for September 30, 1939. I am enclosing a copy of this article.

I have before me a copy of a letter under date of *October 9, 1940*, addressed by Mr. Simons, of the Bureau of Medical Economics, with which the material above referred to was transmitted to Doctor Daily. This letter reads as follows:

"Dear Doctor Daily:

"The only study of the average charge by physicians in obstetric cases that has been prepared by the Bureau of

Medical Economics is contained in an article by Dr. Leland, of which a copy is enclosed herewith.

"It should be understood that all fee schedules issued by county medical societies are considered only as guides to customary fees in the locality. In the income limits which you suggest (between \$1200 to \$3600 per year) such fees would be especially subject to individual adjustments by the physicians to meet the economic ability of the patient."

In 1937, our Bureau of Medical Economics received a letter from Dr. R. C. Hood, Director of the *Crippled Children's Division* of the Children's Bureau, asking for information pertaining to the cost of medical care in connection with services for crippled children. Mr. J. D. Laux, who was at that time employed by the Bureau of Medical Economics, compiled some information in compliance with that request. It was, however, definitely stated in Doctor Hood's letter that the information he asked for was intended for study by the orthopedic surgeon of the Children's Bureau concerned with the Bureau's program for aid to crippled children and that no tabulation would be sent to any state agencies. In the letter addressed to Doctor Hood by Mr. Laux, great care was taken to point out to Doctor Hood that any information pertaining to fee schedules should be used most judiciously and that fee schedules were intended to serve solely as guides and not as "clubs." As a matter of fact, the letter written by Mr. Laux was from end to end a warning about the injudicious use of fee schedules and evidently Doctor Hood was impressed, since in acknowledging receipt of Mr. Laux's letter, he assured him that the material that had been forwarded was intended only for the use of the orthopedic surgeon of the Children's Bureau.

With my sincere good wishes, I am

Very truly yours,

OLIN WEST, M. D.

✓ ✓ ✓

#### ITEM IV

#### Letter from Public Health Director Halverson Concerning Proposed Obstetric Plan:

(COPY)

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

San Francisco (2), California, June 23, 1943.

Philip K. Gilman, M. D.

Council Chairman

California Medical Association

450 Sutter Street, San Francisco, California.

Dear Doctor Gilman:

We have today submitted to the Regional Office of the Children's Bureau our plan for emergency maternity and infant care for soldiers' dependents and should hear within the next week or so as to approval by the Children's Bureau.

The plan calls for the payment of \$50 for obstetrical care when given by a private physician and consultation fees from \$15 to \$50 in addition, depending on the services rendered.

Payment for infant care is on a case-week basis at the rate of \$12 for the first week and \$8 for each of two succeeding weeks on any authorization.

This department, in its publicity, will make it clear that in the vast majority of cases, i.e., in the large cities, the fee is not in line with the service and that the doctor is making a definite contribution. As soon as, and when the plan is approved, copies will be made and will be sent to you.

In looking over the bill (H. R. 2041) which Congress passed and which constitutes the legal basis for this program, I note that the Children's Bureau is authorized to make "payments to states for medical, nursing and hospital

maternity and infant care for the wives and infants of enlisted men in the armed forces of the United States of the fourth, fifth, sixth, and seventh grades." It is my opinion that this specific wording makes it necessary for the Children's Bureau to develop the program along the lines recommended in its Information Circular No. 13, a copy of which I sent you.

It would appear to me that the payment of a maternity benefit directly to the recipient of the service would not be possible under the present law. I inquired of the Children's Bureau whether or not any change in policy is contemplated as a result of the action taken by the House of Delegates of the American Medical Association. The answer was that no change is contemplated.

While the plan as submitted is not as either the California State Department of Public Health or the California Medical Association would like it, it seems to be necessary because of the great demand that it be initiated.

In line with our conversation this morning, I certainly trust that it will be possible for you to assist in conveying the information to the medical profession and in securing their understanding of the problem before us. You may rest assured that this Department will do everything possible to administer the program in a way that will be to the best interest of all concerned.

668 Phelan Building.

Very sincerely yours,

(Signed) WILTON L. HALVERSON, M. D.,  
Director of Public Health.

#### ITEM V

#### Letter From Council Chairman Gilman Requesting Information From State Board:

(COPY)

CALIFORNIA MEDICAL ASSOCIATION

June 25, 1943.

SUBJECT: Plan of Procedure by California State Board of Public Health, regarding Federal Grants-in-Aid from Federal Children's Bureau to Provide Obstetrical Care to Wives and Infants of Enlisted Men.

Wilton L. Halverson, M. D., Director  
California State Board of Public Health  
668 Phelan Building, 760 Market Street  
San Francisco 2, California.

Dear Doctor Halverson:

Receipt of your letter of June 23, 1943, concerning the above is acknowledged.

May we suggest that publicity in regard to contemplated procedures, as outlined in your letter, be delayed by the California State Board of Public Health for at least two weeks, during which time it will be possible for the constituted authorities of the California Medical Association to consult on best ways and means of procedure, in so far as doctors of medicine are concerned.

At the meeting of the California Medical Association Council, held on June 20, the resolution enclosed herewith was adopted. (See Item VI.)

You will note that the Council holds to the view that whatever money allocation is made in this obstetrical work should be paid in each instance to the patient (the patient to choose her own physician and make her own financial arrangements with him).

Kindly inform us if you have secured a written opinion on the subject from the Legal Counsel of the California State Board of Public Health, and if so, will it be possible for you to send us a copy thereof?

Also, have you any statement in writing from the Federal Children's Bureau informing the California State Board of Public Health that it would be illegal for the California State Board of Public Health to use any of

this particular grant-in-aid money if it transmitted such money as may be the designated amount for an individual patient, to such patient direct, rather than to her physician?

If so, can you send us a copy of such opinion?

At the meeting of the House of Delegates of the American Medical Association held in Chicago on June 7-10, 1943, this subject was considered and the action taken thereon will probably appear in The Journal of the American Medical Association in its issue of June 26. (Appeared on page 621 of that issue.)

The June issue of "California and Western Medicine" carries a four-page discussion of the subject on pages 313-317.

I mention these items because you may wish to refer to them.

Be assured that the members of the California Medical Association are in full accord with the objective, namely, the giving of obstetrical care of wives and infants of enlisted men; but, at the same time, the California Medical Association hopes no steps will be taken that will make for a lowered quality of professional service in the work involved, or that will lead to the establishment of procedures that can do much injury to the best interests of scientific medicine and medical practice.

Cordially yours,

PHILIP K. GILMAN, M. D.,  
Chairman of the  
California Medical Association Council.

#### ITEM VI

#### Resolution of California Medical Association Council, Adopted at Its Meeting in San Francisco, on June 20, 1943:

##### Appendix B

*Resolution on Obstetrical Care of Wives and Infants of Enlisted Men as Adopted by the California Medical Association Council on June 19-20, 1943.*

1. The Council of the California Medical Association is, when the House of Delegates is not in session, the governing body of the Association.

2. The California Medical Association at its 311th meeting held in San Francisco on June 19-20, 1943, having considered the problem herein discussed, adopts the following:

A. The Council approves, in principle, the objectives for obstetrical care for the wives and the infants of enlisted men as provided in the Federal First Deficiency Appropriation Act of 1943, approved on March 18, 1943.

B. The Council disapproves the method of procedure proposed, wherein the physicians who perform the obstetrical services would be obliged to accept certain fixed fees.

The Council holds:

(a) The patient should be permitted to choose her own physician, because in the long run that procedure will make for a quality of medical service more acceptable to the parties immediately involved, namely, the patient and the physician.

(b) The quality of medical care in different States and their communities depends upon many factors, not the least of which are the actual costs of giving the services involved.

(c) Throughout the Nation, war industry is carried on a cost-plus basis. Members of the medical profession likewise earn their livings through their industry. Physicians, nevertheless, have given hundreds of thousands of dollars to the Government in gratuitous work in Selective Service and other agencies. The maintenance of high standards of medical service is a principle to which physicians are definitely committed.

The establishment of a mandatory fee table under primary control of a non-medical bureau is a menace to the quality of present- and future-day medical service.

Physicians object to the institution of mandatory and inelastic fees that do not take into proper consideration all factors involved.

Therefore, be it

*Resolved*, That it is the opinion of the California Medical Association that the California State Board of Public Health, when it receives the federal grant-in-aid for this service to wives and infants of enlisted men, should establish an allocation of money to be paid to the patient, who shall use it in making her arrangements with the physician of her choice.

1 1 1  
ITEM VII

**Resolution of American Medical Association House of Delegates, Adopted in Chicago on June 8, 1943:**

(COPY)

*Appendix A*

SUBJECT: *Federal Children's Bureau Plan for Maternity Care, etc.*

The following is an excerpt from Minutes of House of Delegates of American Medical Association, Chicago, June 7-10, 1943. (See Item 1 of Report of Reference Committee on Legislation and Public Relations in *The Journal of the American Medical Association*, June 26, 1943, on page 621.)

\* \* \*

The American Medical Association House of Delegates in Chicago, on June 8, 1943, approved the following resolution:

1. *Resolutions Expressing Approval of Federal Assistance to Wives and Children of Service Men as Outlined in Plan Under Consideration by Federal Children's Bureau, introduced by Dr. John H. Fitzgibbon, Oregon:*

"Your reference committee recommends:

(a) That the action of the federal government in making funds available for maternity and infant care for the wives and infants of enlisted men be approved, and

(b) That the adoption be urged of a plan under which the federal government will provide for the wives of enlisted men a stated allotment for medical, hospital, maternity and infant care, similar to the allotments already provided for the maintenance of dependents, leaving the actual arrangements with respect to fees to be fixed by mutual agreement with the wife and the physician of her choice."

1 1 1  
ITEM VIII

**Resolution of Pacific States Medical Executives Conference, Adopted at Its Meeting in Portland, Oregon, on May 30, 1943:**

(COPY)

PACIFIC STATES MEDICAL EXECUTIVES' CONFERENCE

Resolutions adopted on May 29-30, 1943, at the Fifth Annual Session in Portland; Philip K. Gilman, California, presiding.

\* \* \*

The Reference Committee (George E. Henton, Oregon, Chairman, Homer D. Dudley, Washington, and George H. Kress, California) recommends the adoption of the following resolutions:

RESOLUTION No. 1

*Resolved*, That approval be expressed of federal assistance to the wives and children of service men as outlined in the plan under consideration by the Federal Children's Bureau; provided, however, that the constituent state medical associations which are members of the Pacific States Medical Executives' Conference, be requested to consider carefully the merits of the procedure proposed by the Oregon State Medical Society, wherein any allocations for

professional services agreed upon as compensation for obstetric work involved shall be given to the wives of enlisted men, such patients then to secure the services of physicians as they themselves deem proper, the fee for professional services to be decided by mutual agreement between the patients and the attending physicians; and

*Resolved*, That the Conference Secretary send outlines of the Oregon plan to the constituent state associations; and further

*Resolved*, The suggestion be made that a special committee composed of representatives of the Pacific States medical associations be brought into being, if possible, to further consider the above Oregon plan.

1 1 1  
ITEM IX

**Letter from Doctor Daily of Federal Children's Bureau to State Health Director Halverson:**

(COPY)

CHILDREN'S BUREAU  
U. S. DEPARTMENT OF LABOR

Washington, D. C., June 30, 1943.

Wilton L. Halverson, M. D.  
Director of Public Health  
State Department of Public Health  
760 Market Street  
San Francisco 2, California

Dear Doctor Halverson:

In reference to Doctor Bierman's telephone conversation of June 29 with Doctor Eliot, Congress, in appropriating funds for emergency maternity and infant care for wives and infants of enlisted men, specified that the funds were to provide medical, nursing, and hospital care. The payment of direct grants to the wives of enlisted men would give no assurance that the funds would be used to provide medical, nursing, or hospital care as specified by Congress. The appropriations for emergency maternity and infant care can be expended only by the State health agencies actually to purchase medical, nursing, and hospital care for wives and infants of enlisted men in accordance with a State plan approved by the Children's Bureau.

Sincerely yours,

EDWIN F. DAILY, M. D.,  
*Director, Division of Health Services.*

1 1 1  
ITEM X

**Letter of Council Chairman Gilman to State Health Director Halverson Concerning Point of View Held by California Medical Association:**

(COPY)

CALIFORNIA MEDICAL ASSOCIATION

July 1, 1943.

Wilton L. Halverson, M. D., Director  
California State Board of Public Health  
668 Phelan Building  
San Francisco 2, California

Dear Doctor Halverson:

Your letter of June 29, in which you call our attention to the position of the California State Board of Public Health in the matter of the Maternity and Infant Care program of the Federal Children's Bureau, has been received and given careful consideration.

For your information, I am enclosing copy of a letter dated July 1, 1943, which has been sent to the component County Medical Societies of the California Medical Association.

The position which the Council of the California Medical Association has taken in regard to the Maternity and Infant Care program is explained therein. You will note

that the California Medical Association is in full accord with the objectives of the program, namely, the giving of adequate medical care to the wives and infants of enlisted men. However, the Council of the California Medical Association, on behalf of that organization, desires that the quality of this maternity and infant care shall be maintained up to the best standards of scientific medicine. The California Medical Association does not wish to become a party to procedures in administration that are not conducive to the maintenance of the highest quality of medical service.

If you will refer to the final paragraphs on page 2 of the letter of July 1, you will note that members of the California Medical Association are privileged to proceed as in their individual judgment may be deemed most desirable, in so far as payments for professional services rendered are concerned. However, the California Medical Association does not desire to have inflicted upon its members a mandatory or other fee table that is not in harmony with established costs of service in California.

The point of view of the Council of the California Medical Association is outlined in the enclosure that has gone forward with the letter of July 1, under the caption of "Appendix B," and which is also in line with the resolution passed by the House of Delegates of the American Medical Association, as given in the enclosure marked "Appendix A."

Be assured that, as in the past and even more during present days, the California Medical Association and its members will continue to do everything possible to promote success in every and all efforts designed to develop the best interests of our Country and its citizens in both military and civilian life.

Cordially yours,

PHILIP K. GILMAN, M. D.,  
*Chairman of the Council of the  
California Medical Association.*

✓ ✓ ✓

#### ITEM XI

#### **Letter to Members of Component County Medical Societies Concerning Procedure Available for California Medical Association Members in Relation to Obstetric Work:**

(COPY)

CALIFORNIA MEDICAL ASSOCIATION

July 1, 1943.

SUBJECT: Plan of Federal Children's Bureau to Provide Obstetric and Pediatric Care for Wives and Infants of Enlisted Men.

The Members of the \_\_\_\_\_  
County Medical Society, addressed

Dear Doctors:

#### *I—Reference Items to the Children's Bureau Plan.*

The important subject of maternity and infant care of wives and children of enlisted men is discussed in the June issue of CALIFORNIA AND WESTERN MEDICINE (now in the mails), on pages 314-317.

The "Journal of the American Medical Association," in its issue of June 26, on page 621, prints the action of the American Medical Association House of Delegates as taken on June 8, 1943. A copy of the resolution is enclosed herewith, as "Appendix A" of this letter.

At the meeting of the Council of the California Medical Association, held on June 20, the enclosed resolution, numbered "Appendix B," was unanimously approved. (With the objectives, the California Medical Association is in accord; with the proposed procedures to attain the objectives, we are not.)

Because the issues involved are of great importance to present and future medical practice, the above items are submitted for the careful consideration of the members of your County Society.

#### *II—Position of the California State Board of Health.*

Through conferences and letters (copies of which have been sent to California Medical Association Councilors), the State Board of Public Health has explained to California Medical Association Officers the extent to which it has been under pressure to put the Federal plan into operation along the lines promulgated by the Washington, D. C., Bureau.

\* \* \*

#### *III—Position of the California Medical Association.*

Through its constituted authorities, the California Medical Association has given full approval of the objectives involved, namely, to provide adequate obstetrical and pediatric care to wives and infants of enlisted men.

The California Medical Association objects, however, to giving approval to a mandatory and somewhat inelastic fee schedule for the professional work involved, as has been put forth by the Federal Children's Bureau in Washington, D. C.

That being the case, and the Federal Children's Bureau seemingly being unwilling to modify its plan in line with the resolutions adopted by the California Medical Association and American Medical Association (see the references above given), the Council of the California Medical Association, in its relation to the component County Medical Societies, is now in the position in which it must advise California Medical Association members as follows:

1. The California Medical Association has not given approval to the procedures for payment, as put forth by the Federal Children's Bureau.

2. The California Medical Association feels sure that everywhere throughout the State, members of the medical profession at all times will gladly meet their full obligations in the professional care of wives and infants of enlisted men.

3. The California Medical Association advises and requests its members to take such individual action as they may deem proper in every such maternity case, as may come under their respective observation and care.

Therefore, members of the California Medical Association, as individual physicians, are free to accept payments from either the California State Board of Public Health, or from a patient, or from both.

\* \* \*

In case the California Medical Association policy as above outlined is changed, the component County Medical Societies will be notified.

Cordially and fraternally,

PHILIP K. GILMAN,  
*Chairman of the Council of the  
California Medical Association.*

✓ ✓ ✓

#### ITEM XII

#### **Letter from American Medical Association Secretary West Concerning Obstetric Files:**

(COPY)

AMERICAN MEDICAL ASSOCIATION

535 North Dearborn Street,  
Chicago, June 29, 1943.

Dr. George H. Kress  
Secretary, California Medical Association  
450 Sutter, San Francisco, California

Dear Doctor Kress:

Since you wrote me concerning a statement made by Doctor Daily of the Children's Bureau and since I replied to your communication, giving the best information that had been available to me, I have persisted in an effort to discover definitely whether or not Doctor Daily had had

access to any figures prepared by our Bureau of Medical Economics pertaining to obstetrical fees. My persistence in the matter was due to a fear that it was possible that some one connected with the Bureau might have given Doctor Daily information without the Director of the Bureau knowing about it.

I have at last succeeded in turning up a letter addressed to Dr. R. C. Hood, Director of the Crippled Children's Division of the United States Department of Labor by a former employee of the Bureau of Medical Economics who left the services of the Association several years ago. That letter was written under date of March 11, 1937. We have also found a letter addressed to that employee by Doctor Hood. The letter addressed to Doctor Hood reads as follows: . . .

I think that the file referred to in this letter might have been found at an earlier date except for the fact that attention was focused on obstetrical fees.

It is to be remembered that the letter that emanated from our Bureau of Medical Economics was written on March 11, 1937, more than six years ago. It does not appear to me to be reasonable or fair to attempt to use any sort of fee schedule that may have been in effect in 1937 for the purpose of establishing fee schedules to apply in 1943.

I have diligently pursued this matter because I do not want to be unfair to any one. I had become convinced, after I received your last letter on the subject, that Doctor Daily must somehow have secured some sort of information through someone in the Association's office.

With most cordial good wishes, I am

Very truly yours,

OLIN WEST, M. D.

✓ ✓ ✓

#### ITEM XIII

#### **Letter to Doctor Daily of Federal Children's Bureau from California Medical Association Secretary, Requesting Information Concerning Fee Schedules:**

(COPY)

CALIFORNIA AND WESTERN MEDICINE

July 8, 1943.

Edwin F. Daily, M. D., Director  
Division of Health Services  
Children's Bureau of the U. S. Department of Labor  
Washington, D. C.

Dear Doctor Daily:

Enclosed herewith find a memorandum on which you will find a copy of your own letter of June 30 addressed to the California Director of Public Health, Dr. Wilton L. Halverson, the same relating to the manner in which the grants-in-aid for medical, nursing and hospital care for wives and infants of enlisted men may be made.

I also enclose tear sheets of an editorial which appeared in the June issue of CALIFORNIA AND WESTERN MEDICINE on page 314, under the caption "On Federal Children's Bureau Plan of Maternity and Infant Care for Wives and Infants of Men in the Armed Forces."

You will remember that when you conferred in San Francisco with the special California Medical Association Committee, of which Doctor Schaupp is chairman, and again when you conferred with the Southern Division of that Committee, you stated that the Federal Children's Bureau had availed itself of the information that had been given it by representatives of the American Medical Association concerning obstetrical fee schedules. Also, that you informed us that some three hundred fee tables which had been placed at your disposal by the American Medical Association, had a fee schedule of \$35 for the complete service. At least, we understood that to be your statement. You will remember that our contention was that \$35 did not

cover the cost of service, and in the discussion it was brought out that the fee should not be less than \$50 for the attending physician, and if the services of an obstetric specialist was necessary, up to \$50 additional should be available, according to the nature of the service rendered.

\* \* \*

May I ask you to check on the records of the Federal Children's Bureau and inform us, as promptly as possible, from whom in the American Medical Association you received the above information? Your Washington, D. C., records will no doubt give you this information.

We ask that you send us this information by air mail, because in whatever comments may be made concerning the matter, we desire to have explicit data.

Hoping to hear from you by return mail, and with all good wishes,

Cordially and sincerely yours,

GEORGE H. KRESS, M. D.,

Secretary-Editor.

✓ ✓ ✓

#### ITEM XIV

#### **Letter from Indiana State Medical Association, Requesting Copies of California Medical Association Council Letters to California Medical Association County Medical Societies:**

(COPY)

INDIANA STATE MEDICAL ASSOCIATION

July 6, 1943.

Dear Doctor Gilman:

Thanks so much for the material which you have sent us giving the point of view held by the Council of the California Medical Association toward the care of wives and children of service men by the Federal Children's Bureau.

If possible, we would appreciate receiving 27 additional copies of this material so that we may send a copy to each of the councilors and Executive Committee and Maternal and Child Health Committee members of the Indiana State Medical Association.

Yours sincerely,

THOMAS A. HENDRICKS,

Executive Secretary.

✓ ✓ ✓

#### ITEM XV

#### **Letter from Michigan State Medical Society to Its Members:**

(COPY)

MICHIGAN STATE MEDICAL SOCIETY

Lansing, Michigan, June 17, 1943.

SUBJECT: Proposed Program of Obstetric-Pediatric Care for Wives and Infants of Enlisted Men in Michigan.

To Every Member of the  
Michigan State Medical Society

Dear Doctor:

The Michigan State Medical Society has approved a plan for submission to governmental agencies re the above subject. This action was taken by the Executive Committee of The Council on June 16 and represented the first approval by the Michigan State Medical Society of any plan.

HISTORY. The study of plans for Michigan began on April 15 with consideration of proposals presented by the Bureau of Maternal and Child Welfare of the Michigan Department of Health. These were submitted by the State Society to the fifty-five county medical societies on May 4. By an overwhelming vote, the county medical societies disapproved them. As a basis for further negotiation, counter-proposals were prepared by a Study Committee of the Michigan State Medical Society Council on May 19. These

were accepted by the Michigan Department of Health, and were submitted to all county medical societies for their opinion. The second poll, however, again disclosed a decided disapproval by a majority of the county societies.

**APPROVED PLAN.** The plan definitely approved by the Executive Committee of the Council on June 16, based on advice received from county societies, is as follows:

Recognizing the responsibility of government to provide the usual comforts and necessities of life to wives and dependent infants of enlisted men in our armed forces, and consistent with the desires of our county medical societies as expressed in recent polls on this question.

This Committee recommends:

1. That federal grants be made direct to wives and dependent infants of enlisted men to provide the necessities of life, including medical care;

2. That such federal funds so paid to enlisted men's wives be used by the recipients as necessity requires;

3. That the Michigan State Medical Society should cooperate in a plan embodying the above principles; provided,

(a) That the program end six months after the termination of the present war;

(b) That the physician-patient relationship on a fee basis be maintained;

(c) That the details of operation and administration be worked out jointly by the Michigan Department of Health and a committee from the Michigan State Medical Society; that any future plans be subject to this same condition.

4. That a letter be sent to every county medical society and to every member of the Michigan State Medical Society requesting them to postpone participation until they receive notice from the Michigan State Medical Society that final details have been agreed upon.

**A. M. A. ACTION.** The Michigan State Medical Society action is in line with that taken by the House of Delegates of the American Medical Association, which met in Chicago, June 7-8-9, 1943.

**USE OF GOVERNMENT BLANKS NOT AUTHORIZED.** Despite the fact that blanks have been distributed by the Michigan Department of Health to county society secretaries, their use is not authorized, and no approval has been given by the Michigan State Medical Society to any plan excepting the one outlined above. This is being transmitted to the Michigan Department of Health and as soon as it is accepted, every Michigan State Medical Society member will be notified through his county medical society.

Until an official acceptance of the Michigan proposal is received, no plan which may be attempted in Michigan will receive the cooperation of the Michigan State Medical Society.

In the meantime, you should continue to render the best medical care to the wives and dependent infants of soldiers, sailors, marines and those in the Coast Guard, and this can be done best through the physician-patient relationship, devoid of politics, governmental domination and red tape.

HR-2041, which would continue this federal program for the duration and six months after the war's end, is in the United States House of Representatives Labor Committee. The annual appropriation is set at \$6,000,000.

*Please write to your two Michigan Senators and your Congressman (list attached) AT ONCE, urging that they offer amendments to the bill to include the democratic principles outlined above (Nos. 1-2). Precedent for the direct grant to recipients has been established by the Social Security Board in providing recipients of Old Age Assistance with additional funds so that they may purchase necessary medical care from practitioners of their choice. No grant is made or should be made direct to the members of the medical profession.\**

Thank you for contacting your Congressmen; this will help to counteract the gradual intrusion of State Rights.

2020 Olds Tower

Fraternally yours,

MICHIGAN STATE MEDICAL SOCIETY,

By L. FERNALD FOSTER, M. D.,  
Secretary.

#### ITEM XVI

#### List of United States Senators and Congressmen From California.

(In the list which follows, (R) means Republican and (D) means Democrat. Congress will be recessed during the months of July and August and will reconvene on September 14, after which Senators and Congressmen may be addressed at Washington, D. C.: the Senators in care of the Senate Office Building, and the Representatives in care of the House Office Building, Washington, D. C.)

#### SENATORS:

Hiram W. Johnston (R), Mills Tower, San Francisco.  
Sheridan Downey (D), Atherton.

#### CONGRESSMEN:

*First District:* Clarence R. Lea (D), 719 North Street, Santa Rosa.

*Second District:* Vacant. Election pending.

*Third District:* J. Leroy Johnson (R), 1621 Argonne Drive, Stockton.

*Fourth District:* Thomas Rolph (R), 152 Twenty-Eighth Avenue, San Francisco.

*Fifth District:* Richard J. Welch (R), 978 Guerrero Street, San Francisco.

*Sixth District:* Albert E. Carter (R), 552 Montclair Avenue, Oakland.

*Seventh District:* John H. Tolan (D), 1749 Pleasant Valley Avenue, Oakland.

*Eighth District:* John Z. Anderson (R), San Juan Bautista.

*Ninth District:* Bertrand W. Gearhart (R), 857 M Street, Fresno.

*Tenth District:* A. J. Elliott (D), P. O. Box 134, Tulare.

*Eleventh District:* George E. Outland (D), 539 East Micheltorena Street, Santa Barbara.

*Twelfth District:* H. Jerry Voorhis (D), R. F. D. 1, San Dimas.

*Thirteenth District:* Norris Poulson (R), 317 South Commonwealth, Los Angeles.

*Fourteenth District:* Thomas F. Ford (D), 940 North Benton Way, Los Angeles.

*Fifteenth District:* John M. Costello (D), 5771 Valley Oak Drive, Hollywood.

*Sixteenth District:* Will Rogers, Jr. (D), 14253 Sunset Boulevard, Los Angeles.

*Seventeenth District:* Cecil R. King (D), 1152 West Eighty-Eighth Street, Los Angeles.

*Eighteenth District:* Ward Johnson (R), 790 Santiago Avenue, Long Beach.

*Nineteenth District:* Chet Holifield (D), 500 South Montebello Boulevard, Montebello.

*Twentieth District:* Carl Hinshaw (R), 3053 Lombardy Road, Pasadena.

*Twenty-First District:* Harry R. Sheppard (D), Yucaipa.

*Twenty-Second District:* John Phillips (R), 65 North Fourth Street, Banning.

*Twenty-Third District:* Ed V. Izac (D), 5380 El Cajon Boulevard, San Diego.

\* Editor's Note: For list of California Congressmen, see adjacent column. (Item XVI.)



## ITEM XVII\*

Table Showing Number of Births in California (by Counties and Cities) for Months of January, February, and March, 1943.

(a) (c) and (e) = Total All Births.

(b) (d) and (f) = Births to Wives of Enlisted Men.

	JANUARY 1943		FEBRUARY 1943		MARCH 1943	
	(b) Births to Wives of Calif.		(d) Births to Wives of Calif.		(f) Births to Wives of Calif.	
	(a) Total All	(b) Men in Armed Forces	(c) Total All	(d) Men in Armed Forces	(e) Total All	(f) Men in Armed Forces
	Births in California	Births in California	Births in California	Births in California	Births in California	Births in California
CALIFORNIA	13,483	2,109	12,993	2,228	14,939	2,878
Alameda County†	42	....	39	1	4	....
Oakland	703	87	635	81	126	....
Alameda	87	20	59	13	12	....
Berkeley	205	25	186	28	27	....
San Leandro	1	....	....	....	....	....
Albany	69	4	80	6	7	....
Hayward	65	4	52	8	4	....
Piedmont	....	....	....	....	....	....
Alpine County	....	....	....	....	....	....
Amador County	6	....	5	....	....	....
Butte County†	57	10	60	6	7	....
Chico	17	6	15	3	8	....
Calaveras County	3	....	1	1	....	....
Colusa County	22	3	13	1	4	....
Contra Costa Co.†	25	3	37	2	6	....
Richmond	113	8	113	8	5	....
Martinez	38	3	26	6	8	....
Pittsburg	....	....	....	....	....	....
El Cerrito	....	....	2	....	....	....
Antioch	35	3	41	1	....	....
Del Norte County	6	1	7	....	2	....
El Dorado County	11	....	10	1	....	....
Fresno County†	131	21	127	15	27	....
Fresno	131	28	144	38	30	....
Coalinga	9	....	11	2	1	....
Glenn County	9	....	12	3	2	....
Humboldt County†	24	....	17	....	4	....
Eureka	34	8	48	....	7	....
Imperial County†	34	2	39	2	6	....
Brawley	51	2	41	4	4	....
Calexico	12	1	19	1	2	....
El Centro	48	7	14	1	6	....
Inyo County	25	....	30	1	....	....
Kern County†	139	26	133	33	41	....
Bakersfield	151	38	116	24	29	....
Kings County†	28	3	28	3	6	....
Hanford	46	11	51	12	17	....
Lake County	8	....	2	....	....	....
Lassen County	24	3	42	3	5	....
Los Angeles Co.†	485	62	573	70	105	....
Los Angeles	2,809	330	2,445	339	423	....
Alhambra	67	11	67	5	15	....
Long Beach	608	138	489	126	160	....
Pasadena	152	30	162	32	33	....
Pomona	59	8	58	11	6	....
Santa Monica	199	22	109	13	70	....
Glendale	244	18	309	46	29	....
Monrovia	14	1	16	3	2	....
Redondo Beach	3	1	2	....	....	....
South Gate	45	6	92	11	16	....
Torrance	73	12	27	1	10	....
Whittier	90	12	60	1	10	....
South Pasadena	1	12	....	6	16	....
Arcadia	....	....	....	....	....	....
Bell	51	8	95	7	11	....
Beverly Hills	....	....	....	....	....	....
Burbank	27	4	38	3	2	....
Compton	50	3	61	8	17	....
Culver City	34	4	66	6	9	....
Hawthorne	51	3	47	4	4	....
Huntington Park	46	12	70	8	13	....
Inglewood	96	9	97	10	13	....
Lynwood	13	2	20	3	4	....
Maywood	55	10	99	17	15	....
Montebello	2	0	....	0	....	....
Monterey Park	38	7	43	7	5	....
San Fernando	42	11	32	1	4	....
San Gabriel	1	....	3	....	....	....
San Marino	....	....	....	....	....	....
Azusa	2	....	8	....	1	....
Hermosa Beach	27	3	21	4	8	....
Gardena	....	....	2	....	....	....
Manhattan Beach	....	....	....	....	....	....
Madera County†	6	....	8	....	2	....
Madera	36	4	41	7	6	....
Marin County†	32	4	38	7	1	....
San Rafael	54	8	53	7	10	....
San Anselmo	....	....	....	....	....	....
Mariposa County	....	....	1	....	....	....
Mendocino County	39	3	31	4	1	....
Merced County†	94	13	82	14	19	....
Merced	16	2	28	7	7	....
Modoc County	33	1	24	....	3	....
Mono County	....	....	....	....	....	....
Monterey County†	111	15	124	29	35	....
Monterey	17	14	20	20	33	....
Pacific Grove	....	....	3	....	3	....
Salinas	38	9	39	12	14	....
Napa County†	23	2	17	4	5	....
Napa	35	....	50	2	3	....
Nevada County†	12	3	15	29	4	....
Grass Valley	16	5	9	....	2	....
Orange County†	45	2	54	5	4	....
Santa Ana	45	7	68	15	19	....
Anaheim	15	5	15	1	2	....
Fullerton	46	9	51	10	9	....
Orange	62	17	87	31	37	....
Placer County†	22	1	21	....	6	....
Roseville	1	....	1	....	....	....
Plumas County	12	....	15	....	....	....
Riverside County†	81	13	79	17	23	....
Riverside	125	37	135	48	64	....
Corona	15	2	18	3	....	....
Sacramento Co.†	11	2	12	3	2	....
Sacramento	379	64	378	74	92	....
San Benito County	14	1	15	2	1	....
San Bernardino Co.†	88	7	70	10	18	....
Redlands	29	6	27	4	9	....
San Bernardino	151	27	138	16	31	....
Ontario	11	1	11	....	....	....
Colton	2	....	10	1	....	....
Upland	68	7	42	6	10	....
San Diego County†	136	54	98	38	47	....
San Diego	565	160	621	170	208	....
Coronado	10	3	11	1	4	....
National City	81	6	68	7	10	....
Chula Vista	....	....	....	....	1	....
San Francisco Co.	1,088	212	1,103	249	309	....
San Joaquin Co.†	72	10	72	8	7	....
Stockton	138	21	124	19	25	....
Lodi	38	....	39	1	9	....
San Luis Obispo Co.†	42	19	31	18	31	....
San Luis Obispo	32	17	34	9	30	....
San Mateo County†	1	....	....	....	....	....
San Mateo	90	11	70	10	14	....
Burlingame	....	....	1	....	....	....
Daly City	....	....	....	....	....	....
Redwood City	6	....	9	....	2	....
South San Francisco	16	3	30	2	....	....
San Bruno	....	....	....	....	....	....
Santa Barbara Co.†	17	8	33	15	18	....
Santa Barbara	51	14	44	12	10	....
Santa Maria	40	11	58	20	7	....
Santa Clara Co.†	163	20	142	20	31	....
San Jose	115	15	117	10	19	....
Palo Alto	106	21	94	19	16	....
Santa Clara	1	....	1	....	....	....
Santa Cruz Co.†	15	6	5	3	3	....
Santa Cruz	33	3	27	5	10	....
Watsonville	35	9	33	6	12	....
Shasta County†	11	....	9	....	1	....
Redding	30	4	42	3	6	....
Sierra County	1	....	....	....	....	....
Siskiyou County	34	4	28	5	3	....
Solano County†	28	....	31	1	2	....
Vallejo	224	36	156	40	48	....
Sonoma County†	46	11	41	9	11	....
Petaluma	19	3	35	5	3	....
Santa Rosa	44	3	31	8	5	....
Stanislaus County†	55	2	47	5	3	....
Modesto	131	17	94	8	12	....
Sutter County	35	7	19	....	11	....
Tehama County	32	....	18	....	1	....
Trinity County	....	....	....	....	....	....
Tulare County†	91	7	123	16	13	....
Visalia	42	11	46	8	7	....
Porterville	13	4	31	3	8	....
Tulare	1	....	4	....	1	....
Tuolumne County	6	3	10	1	2	....
Ventura County†	32	3	24	3	8	....
Oxnard	33	7	45	8	4	....
Santa Paula	13	1	29	5	3	....
Ventura	34	9	15	6	14	....
Yolo County†	9	....	4	....	1	....
Woodland	26	5	24	7	4	....
Yuba County†	....	....	1	....	....	....
Marysville	25	4	23	8	8	....

\* This table was prepared from birth certificates filed with the State Department of Public Health. The selection of those that pertain to births in wives of service men was based upon the information provided under the item "occupation" on the certificate. The data are to be considered as an index only. There may have been more or fewer births to wives of men in uniform. This tentative list would indicate that approximately 17.5 per cent of all births are children of enlisted men. Whether the approximate percentage will continue is, of course, a question.

† Exclusive of cities listed, located in the county.

## ITEM XVIII

**Copy of a Statement of Policy by the Ohio State Medical Association Received by the California Medical Association on July 17, 1943.**

(COPY)

*Statement of Policy Adopted by the Council, Ohio State Medical Association, on July 11, 1943, Recommending Methods of Assisting Wives and Infants of Service Men to Obtain Financial Assistance for Medical and Nursing Services and Hospitalization in Ohio, and Opposing Plan Proposed by the Children's Bureau, United States Department of Labor.*

In adopting this report, the Council made the following stipulations: (1) That the Committee on Public Relations confer with representatives of the Army, Navy, and Air Force relief agencies and offer assistance in working out a plan in accord with the recommendations contained in the report; (2) that State Director of Health Markwith and others who may have an interest in the question be invited to participate in such conferences; (3) that copies of the Council's action and the report be transmitted to Governor Bricker, the American Medical Association, all county medical societies in Ohio, and other state medical associations.

## TEXT OF REPORT

At a conference held in Columbus on Saturday, June 19, the Committee on Public Relations and Economics discussed with Dr. R. H. Markwith, State Director of Health, a proposal suggested by the Federal Government, that there be established in Ohio a program to provide medical and hospital maternity and infant care for the wives and infants of enlisted men in the armed forces of the United States.

Such a program would be financed by the Federal Government through money allotted to the state by the United States Department of Labor. The State Department of Health, through its Division of Child Hygiene and other divisions, would administer the program in Ohio under general procedures, policies, and regulations promulgated by the Children's Bureau, United States Department of Labor.

Any wife of any enlisted man of the fourth, fifth, sixth, and seventh grades, irrespective of legal residence or of financial status, on application would be eligible to receive medical and hospital maternity care, including antepartum examinations, delivery, postpartum care and postpartum examination at the expense of the Federal Government under the proposed program. Children of such women under one year of age would be eligible to receive medical, hospital and nursing care, when ill, under the same conditions. In making application to receive such care for herself and child, or children, the wife of the enlisted man could select a physician and hospital willing to participate in the program, but the physician or hospital selected would have to certify that he or it will provide the services authorized at a stipulated fee set forth in the proposal, without additional payment from the patient or other persons.

A stipulated schedule of fees for the medical and hospital services, as well as nursing services, would be established. It is proposed that the inclusive rate to be paid a physician for complete medical services during the antepartum, labor and puerperium would be \$35. The services would include antepartum examinations, delivery, postpartum care and postpartum examination approximately six weeks after delivery, and routine blood test for syphilis, hemoglobin determination, and urinalysis. Whenever the physician doing the delivery would not give antepartum care, he would be paid \$25 for delivery and postpartum care. Whenever less than five antepartum examinations were made, the physician would be paid at the rate of \$2 per examination. Five or more examinations would be paid for at the flat rate of \$10 per case for antepartum care. Fees of \$10 for consultation, \$25 for minor surgery, and \$50 for major surgery are proposed. Initial authorization for medical care for sick infants would cover a period not to exceed three weeks, and payments would be as follows: home or hospital visit, \$3; office visit, \$2, with the total amount authorized not to exceed \$20. Provision for authorization for additional services for infants is incorporated in the proposal. The proposal also contains rules and stipulated fees for nursing services and hospitalization.

An appropriation of approximately \$6,000,000 to finance this program throughout the entire country has been requested from the Congress.

Since the conference on June 19, your Committee has analyzed the following Reference Committee report on this subject, adopted without a dissenting vote by the House of Delegates of the American Medical Association in session on June 8, 1943, in Chicago: [Editor's Note: The American Medical Association resolution appears as Item VII in this series.]

Moreover, since the meeting on June 19, members of your committee and several members of the Council of the Ohio State Medical Association have conferred with Army officers charged with the responsibility of administering the program of a corporation known as Army Emergency Relief. Contacts have not been made as yet with officials of similar organizations functioning for the Navy and the Air Force.

Army Emergency Relief is a corporation formed in the District of Columbia in February, 1942. Its purpose is set forth in its certificate of incorporation as follows:

The particular business and objects of said corporation shall be to collect and hold funds and to relieve distress of personnel of the Army of the United States and their dependents, including dependents of honorably retired or discharged and deceased personnel thereof, to provide for their education and to secure employment for honorably retired or discharged personnel and their dependents, and the dependents of deceased personnel.

General supervision of the activities of the branches and sections to which the administration of Army Emergency Relief is decentralized throughout the Army, and the control of funds, are important military duties delegated to commanders concerned. General Wallace, commanding general of the Fifth Service Command, is the officer controlling administration of the organization's program of relief and assistance in Ohio, Kentucky, West Virginia, and Indiana.

Army Emergency Relief and the American Red Cross have adopted a working agreement with respect to the handling of details in rendering assistance to the families of personnel of the Army. A substantial fund is in possession of Army Emergency Relief for carrying out its purposes, the money having been raised through special fund-raising activities, revenue from events of various kinds and miscellaneous contributions from patriotic and public-spirited citizens.

The funds of Army Emergency Relief may be used for financial assistance in the form of a loan, cash grant or relief in kind for families of Army personnel who are in need of assistance. Financial assistance for medical and nursing services and hospitalization is considered one of the most important phases of the program of the organization.

Officials consulted on this matter state that financial assistance for medical and nursing services and hospitalization is at present being provided to eligible families. It is their opinion that this program of assisting such families who are in need of medical and nursing services and hospitalization, including obstetrical services of wives of soldiers and medical care for the children of soldiers, can, and should, be expanded. They welcome the assistance and cooperation of the medical profession of Ohio in making this program of greater practical value. Obviously, the funds of Army Emergency Relief are not unlimited as to amount, but it is felt that the organization is in a position to meet the needs of deserving cases if accorded real cooperation on the part of physicians, nurses, and hospitals.

Based on the conference referred to and after a careful study of the questions which have been discussed, your

*committee makes the following recommendations for consideration of the Council:*

The Ohio State Medical Association is fully aware of the fact that it is the obligation of the medical profession to see that all persons residing in Ohio, whether temporarily or permanently, receive necessary medical care, including the wives and children of personnel of the armed forces. Although we have reason to believe that this obligation will be met irrespective of the ability of an individual to pay for such services, the Association makes a special plea to its members to see that the traditional policy of the medical profession that all persons, regardless of financial status, shall be provided with an opportunity to utilize the advantages of modern scientific medicine is complied with at this time.

The Association realizes that it may not be possible for the medical profession to carry out the above recommendation if there should be a large number of cases ineligible to receive assistance under existing public assistance programs. Therefore, it is conceded that some plan to assist the medical and nursing professions, and hospitals, may be needed in the near future.

Therefore, this Association should cooperate with Army Emergency Relief in furthering its program of providing financial assistance for the families of Army personnel needing such assistance for medical and nursing services and hospitalization. The same offer of cooperation should be extended to similar agencies of the Navy and the Army Air Force. These agencies were established for the purpose of assisting families of personnel of the armed forces in providing necessities of life, including medical and nursing services and hospitalization. They have funds which would appear to be sufficient to meet current requests for assistance and a considerable number of additional requests. If this procedure can be worked out satisfactorily—and we believe it can—there will be no necessity for the use of public funds or the maintenance of a Government-controlled medical program to furnish medical care for the wives and children of service men.

It is recommended that Army Emergency Relief and similar agencies of the Navy and Air Force in providing financial assistance to the families of service men so they may obtain necessary medical and nursing services and hospitalization should make such assistance available in the form of a loan or cash grant. This will enable the wife to make her own arrangements with respect to fees, services, etc., with a physician of her own choice for herself or children.

In event the funds of the relief agencies of the Army, Navy or Air Force are found inadequate to provide assistance for all worthy cases, we would then favor the adoption of a plan under which the Federal Government would provide financial assistance by making a stated cash allotment for medical and nursing services and hospitalization to the wife and children of enlisted men on the basis of need. *This would be similar to the present arrangement under which cash allotments are provided for the maintenance of dependents of service men. If such a plan should become necessary, we feel that it would be desirable for this Association to bring the matter to the attention of Ohio's representatives in the United States Congress and urge them to sponsor legislation to provide the necessary funds and distribution of such funds as suggested.\**

*The Association is opposed to the proposal sponsored by the U. S. Children's Bureau and urges the State Director of Health of Ohio not to put such plan into effect in Ohio for the following reasons:*

1. There appears to be no need for the Children's Bureau program, as we are confident that the relief agencies of

the Army, Navy, and Air Force can provide adequate financial assistance for needy cases.

2. The Children's Bureau plan would provide assistance in the form of medical and nursing services and hospitalization irrespective of need.

3. It would not provide the wife of an enlisted man with the unrestricted freedom of choice of physician, nurse, or hospital for herself and children, as the choice could be made only from among those willing to participate in a governmentally administered medical, nursing and hospital program.

4. It would establish a medical, nursing and hospital program under control of the Federal Government, even though it would be administered directly by the State Department of Health, as the latter would be subjected to the policies and regulations of the Children's Bureau at Washington.

5. It would preclude assistance on the part of relatives and friends of the families of service men as well as voluntary relief and welfare agencies, any or all of whom might be willing, and in a position, to provide assistance in worthy cases.

6. It would establish a mandatory, inelastic maximum fee schedule for professional fees and hospitalization, regardless of the merits of individual cases and circumstances involved.

7. It would place a third party, namely, a federal agency, virtually in control of medical services and inject a third party into the relationship between physician and patient.

8. It would establish the base for a much larger federally controlled medical care program to cover all classes of citizens, not only the families of men in the armed forces.

9. It would have a tendency to reduce the quality of the services rendered—a tendency ever present in bureaucratic programs which place administrative controls and red tape and occasionally political interference, between the producer and recipient of professional services.

#### Chemical Casualties: Lecture Teams

*California State War Council, through the Emergency Medical Service, Morton R. Gibbons, M. D., Chief of the Northern Sector, has organized teams to give lectures on Chemical Casualties. Information follows:*

CALIFORNIA STATE WAR COUNCIL  
SACRAMENTO, CALIFORNIA  
995 Market Street  
San Francisco, 3

June 29, 1943.

Dear Doctor Kress:

First let me thank the California Medical Association for the cooperation its staff gave our clerk in checking the membership lists of the county medical societies. This was a great help to us in connection with preparations for the course of instruction in "The Prophylaxis, Care, Pathology, and Treatment of Chemical Casualties," circular relative to which is attached.

This circular, together with an announcement giving details of time and place for each county (sample of San Mateo announcement enclosed) will be sent by the county societies to all members. This office will mail to all non-members of each county society.

As explained in the circular, these courses will be given by teams from the faculties of the medical departments of the University of California and Stanford University who were prepared in the subject at the school held in San Francisco in mid-May. This school was addressed by specialists from the O. C. D., U. S. Army, U. S. Navy, and the National Research Council. Much material not yet

\* A list of California congressmen appears under Item XVI, for convenience of California Medical Association members.

published—the latest experience, thought, and usage in war gases—was received.

All physicians are urged to attend. The schedule as arranged to date follows:

San Joaquin County—Thursday, July 8, Clubrooms, Medico-Dental Building.

San Mateo County—Tuesday, July 13, Mills Memorial Hospital.

Fresno County—Tuesday, July 13. Awaiting notification of place.

Santa Clara County—Friday, July 16, Medico-Dental Building, Auditorium.

Marin County—Thursday, July 15, San Rafael City Hall.

Monterey County—Thursday, July 15, Colton Hall, Monterey.

San Francisco County—Sunday, July 11, 9 to 1 o'clock, War Department Theater, Presidio.

Sacramento County—Date not set as yet.

Sincerely,

(Signed) MORTON R. GIBBONS, M. D.,  
Chief, Emergency Medical Service  
Northern California Sector.

Northern California Sector  
EMERGENCY MEDICAL SERVICE  
Division of Civilian Protection  
CALIFORNIA STATE WAR COUNCIL

To Members of the Medical Profession:

Members of the faculties of the medical schools of the University of California and of Stanford University will visit your city to give you the latest information concerning "The Prophylaxis, Care, Pathology and Treatment of Chemical Casualties." Much of the information will not be available from any other source. It is new—the result of the latest investigations! Instruction will include a sound film. Such an opportunity should not be missed! The accompanying notice will give you time and place. You are urged to attend.

MORTON R. GIBBONS, M. D.,  
Chief, Emergency Medical Service,  
Northern California Sector.

SAN MATEO COUNTY MEDICAL SOCIETY  
NOTICE OF SPECIAL MEETING

Time, Tuesday, July 13, 7:45 p. m.

Place, Mills Memorial Hospital, San Mateo.

Subject, "Prophylaxis, Care, Pathology and Treatment of Chemical Casualties."

Please see the enclosed circular letter from Morton R. Gibbons, M. D., Chief of the State Emergency Medical Service, Northern Sector, for details of this important meeting presenting speakers from the medical schools of Stanford University and the University of California who have been especially prepared on this subject. Descriptive sound film is included and each registrant will be provided with a syllabus to which notes from the lecture may be added.

Each physician in attendance will be required to register.

LOGAN GRAY, M. D., Secretary,  
San Mateo County Medical Society,  
57 Fourth Avenue, San Mateo.

Northern California Sector  
EMERGENCY MEDICAL SERVICE  
Division of Civilian Protection  
CALIFORNIA STATE WAR COUNCIL

July, 1943.

To Members of the Medical Profession of San Francisco:

Under the sponsorship of the State Emergency Medical Service and of the San Francisco County Medical Society, special arrangements have been made to present an instruction team made up of members of the faculties of the medical schools of the University of California and of Stanford University, on the subject:

"The Prophylaxis, Care, Pathology and Treatment of Chemical Casualties."

Time, Sunday, July 11, 1943, 9:00 a. m. to 1:00 p. m.

Place, War Department Theater, Presidio, San Francisco.  
(Inquire at Presidio gate, Lombard Street entrance, for directions to the War Department Theater.)

Instruction team: Troy C. Daniels, M. D.; David A. Ryland, M. D.; Leslie L. Bennett, M. D.

Field exercise directed by Lieutenant Colonel Grant Jenkins, Chemical Warfare Service, U. S. Army.

Instruction will include an illustrative sound film.

Much of the information to be given is available from no other source. It is new—the result of the latest investigations!

All physicians in San Francisco are invited—and urged—to take advantage of this opportunity to prepare for service in this field, should need arise.

MORTON R. GIBBONS, M. D.,  
Chief, Emergency Medical Service,  
Northern California Sector.

HENRY GIBBONS, III, M. D.,  
Chief, Emergency Medical Service,  
San Francisco War Council.

"Victory Depends On Me."—At a recent gathering of the California Board of Medical Examiners it was the Editor's privilege to hear Walter K. Wilson, Major General, U. S. A., upon request, recite a poem he had written, "Victory Depends On Me." The sentiments expressed in the verses suggest their suitability for placement in this department of the "California Medical Association Committee on Participation of the Medical Profession in the War Effort." Verses follow:

VICTORY DEPENDS ON ME

I am a Soldier, tried and true,  
Who fights, in order to subdue  
The Axis foe across the sea—  
For Victory depends on Me.

I am a fighting Sailor lad  
Who sails in weather, good and bad,  
To sink our foe upon the sea—  
For Victory depends on Me.

I am a bold and brave Marine  
Who lands on shores I've never seen  
To fight and smash the enemy—  
For Victory depends on Me.

An Aviator, bold, am I  
Who knocks the Axis from the sky  
And sinks their ships upon the sea—  
For Victory depends on Me.

I am a steady Working Man  
Who works to build the best I can  
The ships, the planes, the guns, you see—  
For Victory depends on Me.

Americans, let's do our part  
And work and work with all our heart.  
Let each one say with certainty—  
That Victory depends on Me.

God, our Father, to Thee we pray  
To guide us on our stormy way.  
Inspire, and make each one to see—  
That Victory depends on Me.

W. K. W.

U. S. Medical Genius Saving War Victims

Chicago, June 7.—An inspiring epic of American military medicine in saving the lives of the heroes who have expelled the Axis armies from North Africa was unfolded at the opening of the American Medical Association's annual session in Chicago today.

In the battles to come, the American combatants will receive such medical care as the world has never before known, according to Dr. Norman T. Kirk, Surgeon General of the United States Army, Brig. General Dr. Fred W. Rankin, and Dr. H. H. Shoulders, speaker of the Association's house of delegates.

### Death Rate Lower

The death rate among all battle casualties, General Kirk said, including wounded and ill, in Tunisia, has been between 2.5 and 3.5 per cent. This refers to "evacuation hospitals," where the soldiers are given their first treatment before any are sent to "base hospitals."

In the first World War, the comparable death rate varied between 15 and 18 per cent.

General Kirk said that the low death rate and the very low incidence of infections in the wounds was accomplished by three measures: use of blood plasma, excellent surgery required to clean the wounds, and use of sulfa drugs.

### Capital Service

The American people who have helped in building up the blood plasma banks have rendered capital service to the soldiers, General Kirk pointed out.

Improved methods of making plaster casts, which allow better blood circulation, are being developed. The new drug penicillin, most powerful of germ killers known to science and still in the experimental stage, is not available for general use.

Doctor Rankin pointed out that, henceforth, American organized medicine will have to harmonize State controlled medicine with private medicine.

Doctor Shoulders also emphasized that the need of the hour is not for "medical politicians," but for "medical statesmen."

Said he:

"The whole future of our profession will be determined not by research, however important its contributions might be, but by the character of the medical statesmanship to be employed."—San Francisco *Examiner*, June 8.

**Office of War Information Sets Total Casualties Since Outbreak at 91,644.**—Casualties of the armed forces since the outbreak of the war now total 91,644.

The Office of War Information said tonight this includes 16,696 dead; 21,828 wounded; 31,579 missing; and 21,541 prisoners of war.

*Army casualties* total 64,621, divided as follows:

Killed, 8,533; wounded, 17,094; missing, 21,046; prisoners of war, 17,948. Of the wounded, 6,268 have returned to active duty or have been released from hospitals. The Army casualties include 12,506 Philippine scouts. Of these, 481 were killed, 743 wounded, and the remainder are presumed to be prisoners of war.

*Navy casualties* totaled 27,023 as follows:

Dead, 8,163; wounded, 4,734; missing, 10,533; prisoners of war, 3,593.

*Marine Corps*—Dead, 1,688; wounded, 2,447; missing, 987; prisoners of war, 1,737; total, 6,859.

*Coast Guard*—Dead, 182; wounded, 22; missing, 157; prisoners of war, 1; total, 362.—Los Angeles *Times*, July 4.

**Spas for War Casualties.**—Serious consideration should be given a resolution passed by the recent legislature memorializing Congress to start acquisition of some of California's mineral springs as locations for convalescent hospitals for invalid soldiers of the present war.

This state is blessed with over four hundred mineral springs of high potential curative value, but only a few ever have been developed and even those not extensively.

None of the famous spas of Europe or the eastern United States have waters superior to those available in California. For years there has been agitation for their development, but the State's interests have been on other things and this marvelous resource has gone neglected.

The war's inevitable casualties now bring their importance to the fore as a national asset. Army and Navy medical authorities will have thousands of convalescents to care for, many of whom will be of the type to be greatly benefited by mineral-water treatments. Where could hospitals with these facilities be better situated than in California with its matchless climate as an added therapeutic agency?

The League for Development of California's Mineral Springs, with headquarters here, is starting an aggressive campaign for recognition of this opportunity. It deserves all possible public support.—Editorial in San Francisco *News*, May 28.

### Medical Graduates—Many Will Go Into Services

Only 20 per cent of the medical graduates each year can now be spared for care of civilians. The others will go into the military medical corps as long as the war lasts.

This prospect was sketched to the house of delegates of the American Medical Association in Chicago by Dr. James E. Paullin, of Atlanta, the Association's new president.

The yearly total of new civilian physicians he estimated at about 1200. To this he added about 600 who are being retired each year from military service. Against this the doctors who are left, mostly men over 45, are dying at the rate of 2500 a year.

This leaves a deficit of about 700 a year. To meet this, and the big shortage due to nearly half the active doctors already in military service, Dr. Paullin said plans should be made now for better use of the older physicians who have not been very active in medical practice.

It is the hope of organized medicine to have one doctor for each 1500 persons in the United States. This compares with an average of two to four per thousand in many areas, and is much better than some rural communities which have seldom or never had more than one doctor for 2500 to 3000 persons.—Redwood City *Tribune*, June 12.

### Selective Service Will Check On Doctors to Determine Deferments

Washington, June 22.—Selective Service disclosed today that local boards have been instructed to check closely on the work of men asking or already granted occupational deferment as resident doctors in hospitals.

It was explained officially that information received by headquarters indicated that, despite the army's "great need" of doctors for its units, there are a "large number of young doctors" serving as residents in "many hospitals throughout the United States."

The boards were told not to defer resident doctors who "are engaged in the furthering of their medical education or are under the strict supervision of and dependent upon another doctor or other doctors in the work performed."

Deferment may be granted, however, if the doctors are "engaged in work involving independent diagnosis and treatment of patients subject only to the ordinary hospital staff supervision."—Sacramento *Bee*, June 22.

† Harold A. Fletcher, M. D., 490 Post Street, San Francisco, is the State chairman on Procurement and Assignment Service, with supervision of all counties north of the fourteen southern counties.

Associate California chairman for the fourteen southern counties is Edward M. Pallette, M. D., 1930 Wilshire Boulevard, Los Angeles.

Doctors desiring to go into the Army may have their papers prepared and receive orders for physical examination from the Officer Procurement Service, 328 Flood Building, San Francisco, in charge.

### **Affiliated Hospital Units of the Office of Civilian Defense: General Rules**

One hundred ninety-one hospitals and medical schools have been invited by the Surgeon General of the U. S. Public Health Service to organize affiliated hospital units of the Emergency Medical Service of the U. S. Office of Civilian Defense. The invitation was extended to so large a number of civilian hospitals because each unit will be called upon for service only in a war emergency affecting its own region. Units will be activated only in event of a grave military disaster affecting the civilian population or military personnel in the area in which the parent hospital is located. Activation of a unit will take place only upon recommendation of the State Chief of Emergency Medical Service and the Office of Civilian Defense Regional Medical Officer, subject to certain limitations imposed by the Surgeon General and the Chief Medical Officer of the Office of Civilian Defense and by agreements with the invited hospitals.

Because these limitations may not as yet be understood by all physicians and hospitals which have been invited to participate in the Emergency Medical Service, the rules governing activation of affiliated units are set down as follows:

1. Members of the staffs of affiliated units are commissioned in the inactive reserve of the U. S. Public Health Service, generally with the rank of Passed Assistant Surgeon, Surgeon, or Senior Surgeon (equivalent, respectively, to Army ranks of Captain, Major, or Lieutenant Colonel). They will remain on inactive status for the duration of the war unless urgent need for their services should arise in their region because of an air raid or other grave wartime disaster. When activated under such circumstances, these officers will receive the pay and allowances of officers of equivalent grades in the armed forces.

2. The two specific purposes for which a unit may be activated are:

- (a) For duty in an emergency base hospital to which civilian casualties and other hospitalized patients must be transferred because a community is under enemy attack and one or more of its hospitals must be evacuated.

- (b) For temporary duty to assist the armed forces at the time of an extraordinary military emergency which may temporarily overtax local military hospital facilities. Such temporary assistance will be provided in or near the locality in which an affiliated unit has been organized. The period of emergency assistance is expected to be of short duration and will last only until the Surgeon General of the Army can send in additional medical officers or until he can distribute the excessive load of sick and wounded to military hospitals in other parts of the country. Affiliated units are organized primarily for civilian protection and are not to be used to staff military hospitals as they expand to meet increasing medical requirements of the Army.

3. Since affiliated units are organized by the Medical Division of the Office of Civilian Defense as part of the Emergency Medical Service of their States, they will be expected to provide aid only in their own or neighboring States. Their members will not be detached for duty in other parts of the country nor, in accordance with the terms of their recruitment, will they be activated for any other duty except those listed in paragraph 2 of this statement.

4. A unit organized from the staff of a teaching hospital of a medical school will not be called unless the hospital itself must be evacuated or unless there is no unit from a non-teaching hospital to meet the emergency need.

5. The period of obligation for service will cease at the termination of the present national emergency; the Surgeon General will accept resignations of members of Units 6 months after cessation of hostilities.

6. A commission in the inactive reserve of the U. S. Public Health Service does not prevent a member of an affiliated unit from entering the armed forces; resignation will be accepted for this purpose.

7. Members of affiliated units may wear the authorized lapel buttons which indicate that they have enlisted for emergency service. They are not to wear the uniform until called to active service and need not purchase a uniform unless the possibility of active service is imminent. Uniforms will not be required for brief periods of active service.

Because it is essential for civilian protection, the organization of affiliated units has received approval of the Board of Trustees of the American Medical Association. For the same reason, the Directing Board of the Procurement and Assignment Service has authorized "essential" physicians to accept positions in affiliated units.

### **Emergency Base Hospitals Under Office of Civilian Defense (Medical Division): California Units**

California ultimately will have between 34 to 37 affiliated base hospital units.

#### **REGION IX**

(Corrected to date of June 9, 1943.)

#### **CALIFORNIA:**

San Diego County General Hospital, San Diego.  
 Mercy Hospital, San Diego.  
 Collis P. and Howard Huntington Memorial Hospital, Pasadena. (Unit is substantially complete.)  
 University of Southern California School of Medicine, Los Angeles.  
 College of Medical Evangelists, Loma Linda. (Satisfactory progress has been made.)  
 Los Angeles County Hospital (Medical Unit), Los Angeles.  
 Hospital of the Good Samaritan, Los Angeles. (Unit is substantially complete.)  
 Cedars of Lebanon Hospital, Los Angeles. (Unit is substantially complete.)  
 St. Vincent's Hospital, Los Angeles. (Unit has not been formed.)  
 Presbyterian Hospital-Olmstead Memorial, Los Angeles. (Satisfactory progress has been made.)  
 Queen of Angels Hospital, Los Angeles. (Satisfactory progress has been made.)  
 Santa Barbara Cottage Hospital, Santa Barbara.  
 Ventura County Hospital, Ventura.  
 Sacramento County Hospital, Sacramento. (Unit has not been formed.)  
 Highland-Alameda County Hospital, Oakland.  
 Samuel Merritt Hospital, Oakland. (Unit has not been formed.)  
 University of California School of Medicine, San Francisco. (Unit is substantially complete.)  
 Stanford University School of Medicine, San Francisco. (Unit is substantially complete.)  
 St. Luke's Hospital, San Francisco.  
 St. Mary's Hospital, San Francisco. (Unit has not been formed.)  
 Sonoma County Hospital, Santa Rosa. (Satisfactory progress has been made.)  
 General Hospital of Fresno County, Fresno. (Satisfactory progress has been made.)  
 San Bernardino County Charity Hospital, San Bernardino.  
 San Joaquin General Hospital, French Camp, San Joaquin County. (Unit is substantially complete.)  
 Santa Clara County Hospital, San Jose. (Unit is substantially complete.)  
 Monterey County Hospital, Salinas. (Unit is substantially complete.)

The following hospitals have been invited recently to form units:

#### **San Francisco:**

St. Francis Hospital  
 St. Joseph's Hospital  
 Children's Hospital

#### **Los Angeles:**

California Lutheran Hospital

#### **Long Beach:**

Seaside Hospital  
 Community Hospital

#### **Bakersfield:**

Kern County General Hospital

The Office of Naval Officer Procurement for the northern section of California is in charge of Capt. C. L. Arnold, U. S. N. The Senior Medical Officer is Capt. Philip K. Gilman, U. S. N. R. The office is located at Room 515, 703 Market Street, San Francisco. Telephone: EXbrook 3386, Local 46.

The Naval Office of Procurement for the southern section of California is in charge of Admiral A. Johnson, U. S. N. The Senior Medical Officer is Captain John C. Ruddock, U. S. N. R. The office is located at 411 West Fifth Street, N. W. Corner of Hill, Los Angeles. Telephone: Michigan 8641.

## COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

### Lack of Enough Hospital Facilities in Southern California Held "Dangerous"

Lack of hospital facilities in the Los Angeles area was described as "dangerous" by Monsignor Thomas J. O'Dwyer yesterday at a public hearing conducted by the Downey subcommittee of the Senate Military Affairs Committee.

#### Half Enough

The Committee, meeting in the State Building, heard O'Dwyer, Director of Charities and Hospitals, Archdiocese of Los Angeles, estimate that only "one-half the hospital beds needed are available."

"For a city playing a vital rôle in the war effort and located on an exposed coast line to be so inadequately prepared is dangerous," Monsignor O'Dwyer said.

Stressing need for more hospital facilities, he said that in the Los Angeles nonprofit hospitals there is a total of only 2,396 beds and that last April 1,217 persons were denied admittance to the hospitals.

Other parts of the county are even more overcrowded than the city, he said.

#### Nearly at Capacity

He estimated that on the basis of standards set up by the American Medical Association and American Hospital Association, at least twice the number of beds now available should be available.

Hospitals in this locality are operating at between 93 and 100 per cent capacity every day, Monsignor O'Dwyer said.

Dr. Walter Treadway, medical director in charge of the United States Public Health Service Relief Station in Los Angeles, said the problem was particularly serious in the San Fernando Valley and Huntington Park areas and far short of perfect in San Bernardino County, San Diego County, and Los Angeles County generally.—*Pasadena Post*, June 17.

### Hospital Bed Ratio in Los Angeles Is Alarming

Just how critical the shortage of hospital beds in Los Angeles is can readily be seen from a comparison of the number of beds in our nonprofit hospitals with those in other cities.

Such a comparison shows Los Angeles to be at the bottom among other major cities, with 1.4 adult beds in its nonprofit hospitals per 1,000 population. The American Hospital Association recommends three beds for 1,000 population for industrial cities like Los Angeles.

Detroit, approximately the same size as Los Angeles, has 2.5 beds per 1,000, while in St. Louis the figure is 4.1. In Philadelphia the beds per 1,000 number 4.2. San Francisco is far better off than we, with 3.7.

The factor contributing most to the shortage of beds in local hospitals is the great increase which has occurred in our population during the last decade and the inability of our institutions to increase their capacity to keep pace with the population growth.

During the last five years, while our population was growing by 285,000, only 264 beds were added in our nonprofit hospitals. To have accommodated the persons represented in this increase in population alone, 855 beds would be needed.

Another factor contributing heavily to the tremendous increase in the hospital load is the popularization of hospital service. This has come about largely through public education. Not too many years ago the average person knew little about hospitals and looked upon them with a feeling of both awe and fear. Today most people are

familiar with the various types of care which our hospitals can render and eagerly seek this service when in need of it. National Hospital Day and intelligent public relations programs have played an important rôle in acquainting the public with our hospitals.

### Medical Care

#### *American Medical Association Tackles a Controversial Problem*

The American Medical Association today created a new council to plan for better medical care throughout the nation.

The Council is authorized to study medical plans of all sorts, to suggest policies and to report these to the state and county medical societies which would have the job of putting them into effect.

The new council has no power to go beyond suggesting, but neither has any American Medical Association Council, now or in the past. The actions of these councils, however, always have strongly influenced the practice of medicine throughout the country, and the new council's position promises to be powerful.

#### Criticism in Past

Criticisms have been made of the American Medical Association for years for failing to propose a plan for improved medical care for the public at large. The new council is taken as an answer to these criticisms.

Recent developments within the American Medical Association, indicating more than one hundred medical group prepayment plans, indicate that instead of one single plan for medical care, there are likely to be several. Each section's needs are different, the doctors find, and each will require modifications in any plan that might be best in some other section. . . .

The Council was established by the American Medical Association House of Delegates, the supreme body of organized medicine, and was instructed to get to work immediately. The Council is responsible only to the House of Delegates.—*San Francisco Chronicle*, June 10.

### Hospital Association in Suit Against State Commission

Suit was filed on June 12 by the Pasadena Hospital Association, Ltd., against the California Employment Commission, seeking to recover the \$4,039.28 paid for the first quarter of 1943 as unemployment insurance contributions, plus a 6 per cent interest on that sum.

The hospital sets forth that it is in many ways a philanthropic and nonprofit institution, that some of its departments are agencies of the Community Chest, that many of its facilities and dispensing clinic are provided at cost, and in some instances without charges, and that it has paid the unemployment contributions under protest.—*Hollywood Citizen-News*, June 12.

### The Syphilis Rate—Forty-Seven in Each One Thousand

Washington, June 14 (AP).—Congress learned today that in the examination of men, aged 21 through 35, for the armed services, 47.7 of each 1,000 were found to have syphilis, and that the prevalence among Negroes in one Southern State ran to 405.9 in each 1,000.

The figures, based on a study of the first two million selectees examined in forty-four States, were given to the House Appropriations Committee by the Public Health Service.

Dr. Thomas Parran, Surgeon General, said rejections ran to 46,000 in each 1,000,000 men on account of syphilis and 15,000 of each 1,000,000 due to gonorrhea infection.—*San Francisco Chronicle*, June 15.



## COUNTY SOCIETIES†

### CHANGES IN MEMBERSHIP

#### New Members (45)

##### Alameda County (6)

Anderson, Bruce M., *Oakland*  
Cieri, Joseph D., *Oakland*  
Collen, Morris Frank, *Oakland*  
Delanty, Ella Katherine, *Oakland*  
Vedder, Edward B., *Oakland*  
Ward, Willis A., *Berkeley*

##### Fresno County (1)

Wheeler, Dorothy Fraser, *Fresno*

##### Lassen-Plumas-Modoc County (3)

Benedict, Hans, *Westwood*  
Bleiberg, Donald Joseph, *Quincy*  
Weiss, Ernest, *Westwood*

##### Los Angeles County (18)

Bishop, Clifford O., *Los Angeles*  
Brickey, Vernon P., *Long Beach*  
Crum, John David, *Beverly Hills*  
Dillon, Richard, *Los Angeles*  
Elgin, James Carroll, *Los Angeles*  
Fox, Gertrude, *Glendale*  
Gowdy, Ralph A., *Santa Monica*  
Haley, Edgar R., *Santa Monica*  
Irvine, Wendell C., *Beverly Hills*  
Levine, Boris E., *Los Angeles*  
Lindenauer, David, *North Hollywood*  
Mortensen, Martin A., *Los Angeles*  
Shields, Jane, *Los Angeles*  
Snyder, Monica Harnden, *North Hollywood*  
Stevens, Carl F., *North Hollywood*  
Tietz, Esther Bogen, *Arcadia*  
Townsend, Guy Walter, *Hollywood*  
Weinberger, Willard William, *Long Beach*

##### Orange County (1)

Carlson, Verne W., *Orange*

##### San Bernardino County (1)

Gladden, Ralph G., *Walla Walla, Washington*

##### San Francisco County (14)

Banks, Harry B., *San Francisco*  
Campion, Gwendolyn M., *San Francisco*  
Dickson, Owen C., *San Francisco*  
Diller, Theodore, *San Francisco*  
Freed, Solomon Charles, *San Francisco*  
Hughes, Clara L., *San Francisco*  
Klinghoffer, Kalmen A., *San Francisco*  
Lange, Jack D., *San Francisco*  
Madlen, Jr., Leo Smith, *San Francisco*  
Rourke, Anthony J. J., *San Francisco*  
Saunders, William W., *San Francisco*  
Shaw, William Francis, *San Francisco*  
Traut, Herbert F., *San Francisco*  
Yellen, Daniel, *San Francisco*

##### San Luis Obispo County (1)

O'Reilly, Francis F., *San Luis Obispo*

#### Transfers (8)

Cohen, Peter, from Santa Barbara County to San Francisco County.

Graham, Harold L., from San Luis Obispo County to Santa Clara County.

Lewis, Joseph D., from Santa Barbara County to Yuba-Sutter-Colusa County.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Mollath, A. L., from Santa Barbara County to San Diego County.

Nicholas, C. Z., from Santa Barbara County to San Diego County.

Patton, William G., from San Bernardino County to Los Angeles County.

Wayland, Raymond T., from Los Angeles County to Santa Clara County.

Wood, Charles M., from Placer-Nevada-Sierra County to Sacramento County.

## In Memoriam

**Brown, Thomas Hartwell.** Died at Woodland, May 17, 1943, age 61. Graduate of the University of Toronto Faculty of Medicine, 1906. Licensed in California in 1910. Doctor Brown was a member of the Butte-Glenn Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✦

**Carroll, Robert Lide.** Died at Los Angeles, June 7, 1943, age 48. Graduate of the University of Pennsylvania School of Medicine, Philadelphia, 1926. Licensed in California in 1932. Doctor Carroll was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✦

**Currie, Albert Harlan.** Died at Los Angeles, April 19, 1943, age 57. Graduate of the Bennett College of Ecl. Med. and Sur., Chicago, 1911. Licensed in California in 1911. Doctor Currie was a member of the Los Angeles County Medical Association and the California Medical Association.

✦

**Deacon, George.** Died at Pasadena, May 24, 1943, age 87. Graduate of the Rush Medical College, University of Chicago, 1885. Licensed in California in 1887. Doctor Deacon was a retired member of the Los Angeles County Medical Association, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

✦

**Petersen, Henry Christian.** Died at Stockton, May 17, 1943, age 67. Graduate of the University of Illinois College of Medicine, Chicago, 1905. Licensed in California in 1906. Doctor Petersen was a member of the San Joaquin County Medical Society and the California Medical Association.

✦

**Priestley, William Fletcher.** Died at Oakland, May 29, 1943, age 58. Graduate of the Cooper Medical College, San Francisco, 1912. Licensed in California in 1912. Doctor Priestly was a member of the Alameda County Medical Association and the California Medical Association.

✦

**Rethers, Charles Albert.** (Lt., M. C., U. S. N. R.) Died near Tia Juana, Mexico, May 26, 1943, age 40. Graduate of Creighton University School of Medicine, Omaha, 1933. Licensed in California in 1935. Doctor Rethers was a member of the San Francisco County Medical Society and the California Medical Association.

✦

**Robbins, Arthur Colby.** Died at Ensenada, Baja California, April 21, 1943, age 40. Graduate of the College of Medical Evangelists, Loma Linda, 1923. Licensed in California in 1923. Doctor Robbins was a member of the Orange County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

## CALIFORNIA PHYSICIANS' SERVICE<sup>†</sup>

### Beneficiary Membership

Commercial (May, 1943).....	46,000
Rural Health Program .....	5,000
War Housing Projects (approximate) .....	40,342
Marin .....	5,488
Los Angeles .....	5,811
San Diego .....	13,320
Vallejo .....	14,723
San Francisco .....	1,000
Total .....	91,342

California Physicians' Service has given notice to the Regional Office of the Federal Public Housing Authority that it is our intent to cancel the existing contract of the medical plan in housing projects unless satisfactory readjustments can be made to put the plan on a sounder financial basis.

This has become necessary because of the revealing information contained in the statistical analysis of the first six months of operation. These figures show an overwhelming cost in relation to obstetrical service (35 per cent of total gross income). They also show a cost much greater than anticipated for surgery in relation to "back log" or neglected conditions.

Just what specific adjustments will be made, it has not been agreed upon at this time. Careful consideration is being given to the elimination of parts of obstetrical service and elective surgery, increase in rates and the effect of these on the membership. We believe that a satisfactory solution can be obtained.

In the interim the load of carrying the program will fall upon the shoulders of the medical profession. Since the California Physicians' Service has never had any capital other than the support of the profession, we must necessarily call upon this resource during the coming months.

In our discussions to date, it is clearly evident that the Housing Authority *will* have medical care in the housing projects. They sincerely desire that this be provided through organized medicine of this state. However, this is not the only means by which such service may be obtained.

California Physicians' Service has been through many administrative crises before, which have gradually been solved. We believe from the pure business point of view we can also solve this one. (We have caught the symptoms of danger very early.) This emergency program of the medical profession must be looked upon as a contribution to the war effort. Its beneficial effect on the morale and health of thousands of migrant war workers is beyond dispute.

We who are doing our best to solve the terrific problems of the most complicated nature must assume that the profession wants this program to continue. We also must assume that the profession is supporting us, and will continue to support us as we go through another violent phase in the history of California Physicians' Service.

Note: For comment concerning California Physician's Service and Mannix Report, see Minutes of California Medical Association Council and Editorial Department.

<sup>†</sup> Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

### (Copy of Report of June 22 to Professional Members)

#### CALIFORNIA PHYSICIANS' SERVICE

153 Kearny Street  
San Francisco, California  
743 South Grand View Street  
Los Angeles, California

Dear Doctor:

Due to the large number of requests from California Physicians' Service professional members, we are enclosing a folder which describes our surgical and hospital coverage for employed groups whose annual family income does not exceed \$3,000. We wish to thank the many professional members who have given these folders to their patients. Through your help, we have recently been able to place this service in several large groups. If you desire, we shall be glad to send you more of these folders.

There is a great deal of discussion between the administrative members, trustees of California Physicians' Service, and the Council of the California Medical Association regarding the many problems that are beginning to make themselves felt in the State as the result of the shortage of doctors and the increase in population. All of these discussions have taken on added urgency because of the recent introduction of the Wagner Bill for compulsory health insurance on a national basis. It is to be noted that the introduction of the Wagner Bill was strategically timed to antedate the recent meeting of the American Medical Association. At this meeting, for the first time, there has been official recognition of the place that medical service plans are taking in anticipation of such inevitable legislation. To this end the House of Delegates of the American Medical Association established a council to study and evaluate existing plans in the United States. It is to be pointed out to you that the two most significant plans in the United States are Michigan Medical Service and the California Physicians' Service.

Financial operations for the month of April are as follows:

Dues collected .....	\$51,028.82
Professional member registration fee .....	80.00
	51,108.82
Cost of administration .....	11,993.00
Available for April services.....	39,115.82
X-ray and laboratory on hospitalized patients.....	3,079.44
Available for remaining professional services....	36,036.38
20,086.6 units of service at \$1.75.....	35,151.55
Transferred to Unit Stabilization Fund.....	884.83
Previous balance in fund.....	29,622.30
Total Unit Stabilization Fund.....	\$30,507.13

A. E. LARSEN, M. D.

Executive Medical Director.

June 22, 1943.

### Venereal Disease Prophylaxis: Among Women

Dr. J. C. Geiger, Director of Public Health, announced the opening of the San Francisco City Separate Women's Court, located in the Health Center Building at 135 Polk Street, San Francisco. The Separate Women's Court is established to meet the problem of the professional prostitute, streetwalker, and other sexually promiscuous women who are arrested by the Police Department.

Prior to the opening of the Separate Women's Court these women were housed in the women's section of the San Francisco City Prison. During their confinement first offenders were placed with habitués and frequently with other criminals, thus affording an excellent opportunity for promoting the maladjustment of the first offender.